PAGE 1 / 21

Image# 15970350165

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TOHW 3X	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
American Pharmacist	s Association Politica	Action Committee	e
ADDRESS (number and street)	2215 Constitution Avenue,	NW	
Check if different than previously reported. (ACC)	Washington		DC 20037 -
2. FEC IDENTIFICATION N	NUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00193854		S THIS X NEV	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		7 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr	· 20 (M4) Jul	20 (M7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report	(Q2) PRE-Election Report for the:	Convention (120	Special (12S)
Quarterly Report January 31 Year-End Report	Floor	on on	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Repo	Report for the:	on on	in the State of
5. Covering Period	01 01 2015	through	03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined	this Report and to the best o	f my knowledge and beli	ef it is true, correct and complete.
Type or Print Name of Treasur	rer Mr. Joe Janela		
Signature of Treasurer Mr.	. Joe Janela	[Electronically Fi	led] Date 04 / 15 / 2015
NOTE: Submission of false, erro	neous, or incomplete information	on may subject the person	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period: From: 01 01 2015 To: 03 31 2015

		COLUMN A This Period		
6.	(a) Cash on Hand January 1, 2015		89658.35	
	(b) Cash on Hand at Beginning of Reporting Period	89658.35		
	(c) Total Receipts (from Line 19)	18179.00	18179.00	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107837.35	107837.35	
7.	Total Disbursements (from Line 31)	19784.24	19784.24	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88053.11	88053.11	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period: From: 01		03 31 2015		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A)	9040.00	9040.00		
(ii) Unitemized(iii) TOTAL (add	9139.00	9139.00		
Lines 11(a)(i) and (ii)▶	18179.00	18179.00		
(b) Political Party Committees (c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	18179.00	18179.00		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
14. Loan Repayments Received	0.00	0.00		
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 				
(Carry Totals to Line 37, page 5)	0.00	0.00		
to Federal Candidates and Other Political Committees	0.00	0.00		
17. Other Federal Receipts (Dividends, Interest, etc.)18. Transfers from Non-Federal and Levin Funds	0.00	0.00		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
	0.00			
(b) Levin Funds (from Schedule H5)		0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	18179.00	18179.00		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	18179.00	18179.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O (a	perating Expenditures: Adjusted Federal/Non-Federal Activity (from Schoolule H4)		Calcinati Total to Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) Tederal Ghare		
	(ii) Non-Federal Share	0.00	0.00
(b	, 1 3		
10	Expenditures	784.24	784.24
(C) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	784.24	784.24
Tr	ansfers to Affiliated/Other Party		
Ç	ommittees	0.00	0.00
Fe	ontributions to ederal Candidates/Committees nd Other Political Committees	19000.00	19000.00
In	dependent Expenditures		
(u C	se Schedule E)ordinated Party Expenditures	0.00	0.00
(2	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
(u	se Schedule F)	7 7	0.00
Lo	pan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
(a			0.00
	Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c			
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(u	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(222 2.20 20(2), (2), 2.22 (2),		
0	ther Disbursements	0.00	0.00
F	ederal Election Activity (2 U.S.C. §431(20))		
) Allocated Federal Election Activity		
((from Schedule H6)		
	(i) Federal Share	0.00	0.00
	Ī	0.00	0.00
/1-	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c			7 7 7
`	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
_	tal Diahuwaamanta (add Linne 24/n) CC		
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	10794 24	40704.04
20	b, 24, 23, 20, 21, 20(u), 28 and 30(c))	19784.24	19784.24
To	otal Federal Disbursements		
(s	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
fro	om Line 31)	19784.24	19784.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18179.00	18179.00	
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18179.00	18179.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	784.24	784.24	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	784.24	784.24	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		6	OF	21	
(check only one)									
×	11a		11b		11c		12	2	
	13		14		15		16	6	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Pharmacists Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) A. Allan D Bell		Date of Receipt
Mailing Address 45 Main St		01 28 2015
City	State Zip Code	Transaction ID : C2959402
Nantucket	MA 02554-6115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Nantucket Pharmacy	OWNER	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Amber L. Briggs		Date of Receipt
Mailing Address PO Box 2605		M = M / D = D / Y = Y = Y
NULL	State Zip Code	02 02 2015
City	Transaction ID: C2983919	
Soldotna	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Central Peninsula Hospital	Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial) C. Amber L. Briggs		Date of Receipt
Mailing Address PO Box 2605		M = M / D = D / Y = Y = Y
NULL	7.0.	03 27 2015
City	State Zip Code AK 99669-2605	Transaction ID : C2983072
Soldotna	AK 99669-2605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Central Peninsula Hospital	Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	555 1 10 -2-10 +	
Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (optional)		575.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	: PAGE	5 7 OF	21			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

or for commercial purposes, other than using	the name and address of any political committee				
NAME OF COMMITTEE (In Full)	indian Dalidian Andrew O				
/ American Pharmacists Assoc	iation Political Action Committee				
Full Name (Last, First, Middle Initial) Kaleb Fincher					
Mailing Address 924 Oakcrest St Apt B		03 19 2015			
City	State Zip Code	Transaction ID : C2983056			
Iowa City	IA 52246-3431	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	280.00			
Name of Employer	Occupation	+			
University of Iowa College of Pharmacy	Student				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	280.00				
Full Name (Last, First, Middle Initial) 3. Gregory A. Fox	'	Date of Receipt			
Mailing Address 14049 Old Mill Court		03 13 2015			
City	State Zip Code	Transaction ID : C2946157			
Carmel	IN 46032-8508	Amount of Each Receipt this Period			
FEC ID number of contributing	0	1			
federal political committee.	C	250.00			
Name of Employer	Occupation	-			
Kroger Pharmacies	Pharmacy Merchandiser				
Receipt For:	Aggregate Year-to-Date ▼	†			
Primary General	Aggregate rear-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Bryan ""Russ"" Gunter	<u>'</u>	Date of Receipt			
Mailing Address PO Box 10031		03 18 _ 2015 _			
City	State Zip Code	Transaction ID : C2949836			
Johnson City	TN 37614	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	600.00			
Name of Employer	Occupation	+			
N/A	Student				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	600.00				
CURTOTAL of Descripto This Daws (anti-up 1)		1130.00			
SUBTOTAL of Receipts This Page (optional)	>	1100.00			
TOTAL This Period (last page this line numb	er only)				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		8	OF	21	
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Ed L. Hamilton Mailing Address PO Box 1432		Date of Receipt
NULL		03 19 2015
City	State Zip Code	Transaction ID : C2983934
Lake Alfred	FL 33850-1432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Regency Medical Center Pharmacy	DIR_ASSOC_OR_ASST_DIR	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real to bate \$	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Starlin C Haydon-Greatting		Date of Receipt
Mailing Address 3601 Melissa Dr		02 02 2015
City	State Zip Code	Transaction ID : C2983920
Springfield	IL 62711-9600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1200.00
Name of Employer	Occupation	
IPhA-PSMP	CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial) C. Starlin C Haydon-Greatting		Date of Receipt
Mailing Address 3601 Melissa Dr		03 27 2015
City Springfield	State Zip Code IL 62711-9600	Transaction ID : C2983070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
IPhA-PSMP	CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	+
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

(check only one)

X 11a 11b 11

FOR LINE	NUMBER:	PAGE	9 OF	21			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Richard J Hayney		Date of Receipt
Mailing Address 713 Augusta Dr NULL		02 12 2015
City	State Zip Code	Transaction ID : C2959437
Waunakee	WI 53597-2245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Meriter Hospital	DIR_ASSOC_OR_ASST_DIR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Lauren Hoth		Date of Receipt
Mailing Address 3608 Johnwood Drive	7. 0.4	03 20 2015
City Memphis	State Zip Code TN 38122	Transaction ID : C2957323
·	30122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	505.00
Name of Employer	Occupation	
University of Tennessee Health Science	Student	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	505.00	
Full Name (Last, First, Middle Initial) . Michael A. Mone		Date of Receipt
Mailing Address 4909 Scenic Creek Dr NULL		02
City Powell	State Zip Code OH 43065	Transaction ID : C2983921 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1200.00
Name of Employer	Occupation	-
Cardinal Health	DIR_ASSOC_OR_ASST_DIR	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1450.00	
SUBTOTAL of Receipts This Page (optional).	•	1955.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr NULL 03 20 2015 City State Zip Code Transaction ID: C2983069 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation DIR ASSOC OR ASST DIR Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas O Munyer Date of Receipt Mailing Address 1945 NW 22nd Street 02 15 2015 City State Zip Code Transaction ID: C2959485 FL Gainesville 32605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation College of Pharmacy, Univ of Florida Clinical Associate Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert J. Osterhaus Date of Receipt Mailing Address 216 Austin Avenue 02 2015 03 City State Zip Code Transaction ID: C2959401 IA Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Pharmacist Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 11									
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X 11a 11b 11c	12								
· · · · · · · · · · · · · · · · · · ·	13 14 15	16								

21

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Pharmacists Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Katherine C Petsos Mailing Address 618 Madison Ave City Cape Canaveral FEC ID number of contributing federal political committee. Name of Employer	State Zip Code FL 32920-2213 C Occupation	Date of Receipt 03 02 2015 Transaction ID: C2959474 Amount of Each Receipt this Period 500.00
Walgreens Receipt For: Primary General Other (specify) ▼	Pharmacist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Anthony Pudlo Mailing Address 1400 SE Rosenkranz Drive		Date of Receipt 03 17 2015
City Waukee FEC ID number of contributing federal political committee.	State Zip Code IA 50263	Transaction ID : C2949161 Amount of Each Receipt this Period 730.00
Name of Employer Iowa Pharmacy Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) William H. Riffee Mailing Address 20 Left Cherry Frk NULL City Montrose	State Zip Code WV 26283-9414	Date of Receipt 02 18 2015 Transaction ID : C2983074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Univ of Florida Receipt For: Primary General Other (specify)	Occupation EDUCATOR Aggregate Year-to-Date ▼ 250.00	250.00
SUBTOTAL of Receipts This Page (optional)	>	1480.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Whitney White Date of Receipt Mailing Address 800 Lakeshore Dr NULL 2015 23 City State Zip Code Transaction ID: C2959514 35229-0001 Birmingham AL Amount of Each Receipt this Period FEC ID number of contributing C 850.00 federal political committee. Name of Employer Occupation Assistant Professor Samford University Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... 9040.00 TOTAL This Period (last page this line number only).....

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 C				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Cricck off)	(check only one)			
	Detailed Summary Page	X 21b		23 24 25 26		
Г		27		28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the national states.						
NAME OF COMMITTEE (In Full)						
American Pharmacists Associatio	n Political Action Co	mmittee				
Full Name (Last, First, Middle Initial)						
A. American Express			Date of Dis	bursement		
Mailing Address P.O. Box 53852			01	022015		
City	State Zip Code		Transaction	on ID : D165375		
Phoenix	AZ 85072-3852		Transactio	טו ווט : טו ווט		
Purpose of Disbursement Credit Card Fee		001	Amount of E	Each Disbursement this Period		
Candidate Name		Category/ Type		32.29		
Office Sought: House Disburs	ement For:			,		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Dia	huraamant		
B. American Express			Date of Dis			
Mailing Address P.O. Box 53852			03	19 2015		
City	State Zip Code		Transaction	on ID : D165384		
Phoenix	AZ 85072-3852		Transacti	OII ID . D103304		
Purpose of Disbursement Credit Card Fee		001	Amount of E	Each Disbursement this Period		
Candidate Name		Category/ Type		15.75		
Office Sought: House Disburs	ement For:					
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. American Express			Date of Dis	bursement		
Mailing Address D.O. Day 50050			M M /	10 / Y Y Y Y Y Y		
Mailing Address P.O. Box 53852			03	19 2015		
City	State Zip Code		T	ID . D405005		
Phoenix	AZ 85072-3852		Transactio	on ID : D165385		
Purpose of Disbursement Credit Card Fee		'22.				
Candidate Name		001	Amount of E	Each Disbursement this Period		
Candidate Name		Category/ Type		23.00		
Office Sought: House Disburs	ement For:	1,700		, , , , , , , , , , , , , , , , , , , ,		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				71.04		
				7		
TOTAL This Period (last page this line number onl	y)			, , , , , , , , , , , , , , , , , , , ,		

SCHEDULE B (FEC Form 3X)						OF 2				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)							
		Summary Page	X 2		22 28a	23 28b		24 28c	25 29	
Any information copied from such Departs and Clate	onto mai:	not ho cold == ==								
Any information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
American Pharmacists Association	Politica	I Action Cor	nmittee							
Full Name (Last, First, Middle Initial)										
A. American Express					Date of		sement		Y Y	Y
Mailing Address P.O. Box 53852					03	I. L	23		2015	
,	State	Zip Code			Trans	action I	D · D16	55296		
	AZ	85072-3852			Halls	action i	יוט. טו	3300		
Purpose of Disbursement Credit Card Fee			001	1	Amount	of Eac	h Disbı	urseme	nt this	Period
Candidate Name			Category/		Г.			-		3.15
Office Sought: House Disbursem	nent For:		Туре	-		- 1		7		
	Primary	General								
President	Other (spec	cify) 🔻								
State: District:										
Full Name (Last, First, Middle Initial)					D.J. 1	D:-1				
3. American Express					Date of	_				
Mailing Address P.O. Box 53852					03	/ D	23	Y	2015	Y
•	State AZ	Zip Code 85072-3852			Trans	action l	D : D1	65387		
Purpose of Disbursement Credit Card Fee			001	1	Amount	of Fac	h Dishi	ırseme	nt thic	Period
Candidate Name					ouiit	J. Lac	. 51300			. 5110d
			Category/ Type			- 7		7		3.15
Office Sought: House Disbursem										
	Primary	General								
President State: District:	Other (spec	any) ▼								
Full Name (Last, First, Middle Initial)										
American Express					Date of	Disbur	sement			
Mailing Address P.O. Box 53852					03		02		2015	Y
City S	State	Zip Code			Trans	action I	D · D44	25200		
	AZ	85072-3852			irans	auแบท I	ויט . ט	ააანგ		
Purpose of Disbursement Credit Card Fee			001	7			F			
Candidate Name			Category/ Type		Amount	ot Eac	n Disbi	ırseme	nt this	Period 0.79
Office Sought: House Disbursem	nent For:		туре	\dashv	_	7	-	7		-
	Primary	General								
President	Other (spec	cify) 🔻								
State: District:										
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				_	Ë	7		7	-	7.09

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SCHEDULE B (F	EC Form 3X)			FOR LINE NUMBER: PAGE 15 O				OF	21					
ITEMIZED DISBU	RSEMENTS		arate schedule(s) category of the	1 (0110	(check only one) X 21b 22 23 24 25									
			Summary Page			21b 27	22		23 28b	Ш	24 28c	25 29		26
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	om such Reports and Stater es, other than using the nan													3
NAME OF COMMITTE	, ,													
American Phari	macists Association	Politica	I Action Co	mmitte	ее									
Full Name (Last, First,	,													
A. American Expre	ess						Date of	of Dis	sburse			Y	Υ	
Mailing Address P.O. E	3ox 53852						02	_	0:	2	L.	2015	Ц	
City	;	State	Zip Code				Tran	cact	on ID	· D1	65381			
Phoenix		AZ	85072-3852				IIaii	Saci	טוווט		05501			
Purpose of Disburseme Credit Card Fee	ent			00	1	1	Amour	nt of	Each	Dist	ourseme	nt this	Perio	od
Candidate Name				Categ		/							0.79	
Office Sought:	House Disburser	ment For:		. , , ,					7		7			
	Senate	Primary	General											
	President	Other (spec	cify) ▼											
State: Dist														
Full Name (Last, First, B. Evalon Mercha	,						Date o	of Die	shurco	mon	.+			
B. Evalon Mercha	nt Services											Y	V	
Mailing Address 7300	Chapman Hwy						01		0	2		2015		
City		State TN	Zip Code				Tran	sact	ion ID	: D1	165376			
Knoxville Purpose of Disbursement	ent	IIN	37920-6612			_								
Merchant Fee				00)1		Amour	nt of	Each	Dist	urseme	nt this	Perio	bc
Candidate Name				Categ	orv	,			-	_			0.50	
				Тур				-	7	_	7	9	3.56	
Office Sought:	House Disburser		C - m - m - l											
	Senate President	Primary Other (spec	General											
State: Dist		Otrici (Spec	Olly) \blacktriangledown											
Full Name (Last, First,	Middle Initial)													
C. Evalon Mercha	nt Services						Date of	of Dis	sburse	men	ıt			
							M N	/	D	_		Y Y	Υ	
Mailing Address 7300	Chapman Hwy						02	4	0:	2		2015	_	
City		State	Zip Code				T				05077			
Knoxville		TN	37920-6612				iran	sact	ion ID	: D1	165377			
Purpose of Disburseme Merchant Fee	ent			-00		7								
Candidate Name				00	-	41	Amour	nt of	Each	Dist	ourseme	nt this	Perio	bc
Canadate Name				Categ Typ		/						18	5.43	
Office Sought:	House Disburser	ment For:		. 7 %		\dashv			1		,			
	Senate	Primary	General											
	President	Other (spec	cify) 🔻											
State: Dist	rict:													
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						_					-			
TOTAL This Period (last	page this line number only)					•			7		7			

	CHEDULE B (FEC Form 3X)	llee cana	arate schedule(s)	FOR LINE NUMBER: PAGE 16 O				
ΙT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b				
	y information copied from such Reports and Statem for commercial purposes, other than using the name			ed by any pers	on for the pur	pose of soliciting contributions		
\rangle	NAME OF COMMITTEE (In Full) American Pharmacists Association	Politica	I Action Con	nmittee				
_	Full Name (Last, First, Middle Initial)							
Α.	Evalon Merchant Services				M M /	sbursement / Y Y Y Y Y Y		
	Mailing Address 7300 Chapman Hwy				03	02 2015		
	Knoxville	State TN	Zip Code 37920-6612		Transact	ion ID : D165378		
	Purpose of Disbursement Merchant Fee			001	Amount of	Each Disbursement this Period		
	Candidate Name			Category/ Type		119.36		
	President	nent For: Primary Other (spec	General Cify) ▼					
_	State: District:							
В.	Full Name (Last, First, Middle Initial) QGiv, Inc.					sbursement		
	Mailing Address 53 Lake Morton Dr.				03	03 2015		
	Lakeland	State FL	Zip Code 33801		Transact	ion ID : D165390		
	Purpose of Disbursement Merchant Fee			001	Amount of	Each Disbursement this Period		
	Candidate Name			Category/ Type		33.14		
		nent For: Primary Other (spec	General Cify) ▼					
<u> </u>	Full Name (Last, First, Middle Initial) QGiv, Inc.				Date of Dis	sbursement		
	Mailing Address 53 Lake Morton Dr.				02	03 2015		
		State FL	Zip Code 33801		Transact	ion ID : D165382		
	Purpose of Disbursement Merchant Fee	· -		001	Amount of	Each Disbursement this Period		
	Candidate Name			Category/ Type	Amount of	17.56		
	President	nent For: Primary Other (spec	General cify) ▼	,,				
	State: District:							
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)					170.06		

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 (OF	21					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(0	(check only one)									
			Summary Page		X	21b	22		23		24	25		26
_						27	28a		28b		28c	29		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name													3
\setminus	NAME OF COMMITTEE (In Full)													
	American Pharmacists Association	Politica	I Action Co	mmit	ttee)								
_	Full Name (Last, First, Middle Initial)													
Α.	QGiv, Inc.						Date	of Di	sburse			YY	Y	
	Mailing Address 53 Lake Morton Dr.						01	4	2	1	L.	2015	_	
	City	State	Zip Code				Tran	sact	ion ID	· D	165380			
	Lakeland	FL	33801				IIai	isaci	טו ווטו.	. 0	103360			
	Purpose of Disbursement Merchant Fee			(001		Amou	nt of	Each	Disl	burseme	ent this	Perio	bc
	Candidate Name				tegor Гуре	y/		T	4	Ξ	4	9	9.00	
	Office Sought: House Disbursen	nent For:	I		<i>,</i> ,				,					
	Senate	Primary	General											
		Other (spe	cify) 🔻											
_	State: District:													
R	Full Name (Last, First, Middle Initial)						Data	of Di	sburse	mar	nt			
٥.	Wells Fargo						M			D		YY	V	
	Mailing Address 1753 Pinnacle Drive 3rd floor						02	_		1		2015		
	City	State	Zip Code				Tran	sact	ion ID	- D	165383			
	Mc Lean	VA	22102				mai	1340			100000			
	Purpose of Disbursement Bank Service Fee				001		Amou	nt of	Each	Disl	burseme	ent this	Perio	od
	Candidate Name				tegor Type	y/		Ξ	-		-	2	1.88	
	Office Sought: House Disbursen	nent For:	I		71				,					
		Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
C.	Full Name (Last, First, Middle Initial) Wells Fargo						Date	of Di	sburse	mer	nt			
							M	M /	D	D	/ Y	YY	Υ	
	Mailing Address 1753 Pinnacle Drive 3rd floor						03	4	1	1	L	2015	_	
	,	State VA	Zip Code 22102				Trar	sact	ion ID	: D	165397			
	Purpose of Disbursement Bank Service Fee	<u> </u>	22102		-	\neg								
	Candidate Name				001	_	Amou	nt of	Each	Dist	burseme	ent this	Perio	od
	Candidate Name				tegor Гуре	y/						2	8.39	
	Office Sought: House Disbursen	nent For:	I		71				7					
	Senate	Primary	General											
	President	Other (spec	cify) 🔻											
_	State: District:													
5	SUBTOTAL of Disbursements This Page (optional)					•		Ξ	-	_	-	14	9.27	
1	TOTAL This Period (last page this line number only)					•			,		,			

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 C				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30l		
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	= 11.1 • • • • •					
American Pharmacists Association	Political Action Con	nmittee				
Full Name (Last, First, Middle Initial)			Date of Diskums			
A. Wells Fargo			Date of Disbursemen	/		
Mailing Address 1753 Pinnacle Drive 3rd floor			03 26	2015		
	tate Zip Code					
Mc Lean	VA 22102		Transaction ID : D1	65398		
Purpose of Disbursement Bank Service Fee		001	Amount of Each Disb	ursement this Period		
Candidate Name		Category/		94.68		
Office Sought: House Disbursem	eant For:	Type		34.00		
	Primary General					
	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
B. Wells Fargo			Date of Disbursemen	t /		
Mailing Address 1753 Pinnacle Drive 3rd floor			01 12	2015		
Mc Lean	tate Zip Code VA 22102		Transaction ID : D1	65379		
Purpose of Disbursement Bank Service Fee		001	Amount of Each Disb	ursement this Period		
Candidate Name		Category/ Type		12.32		
Office Sought: House Disbursem	ent For:	Турс		,		
	Primary General					
	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
c.			Date of Disbursemen			
Mailing Address			M M / D D	/		
City	tate Zip Code					
Purpose of Disbursement						
Candidate Name		Category/ Type	Amount of Each Disb	ursement this Period		
Office Sought: House Disbursem	ent For:		7	7		
	Primary General					
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				107.00		
COSTOTAL OF DISSUISEMENTS THIS Page (optional)		·····		7		
TOTAL This Period (last page this line number only).		_		784.24		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 19				
ITEMIZED DISBURSEMENTS	Use separate schedule(s	e(s) (check only one)				
II LIVIIZED DIODONOLIVILIVIS	for each category of the Detailed Summary Page) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22 🗙 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30k			
Any information copied from such Reports and S						
or for commercial purposes, other than using the	name and address of any poli	itical committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		<u>.</u> .				
$ \; angle$ American Pharmacists Associat	ion Political Action Co	ommittee				
Full Name (Last, First, Middle Initial)						
A. Democratic Congressional Cam	paign Committee		Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 430 S Capitol St SE			03 18 2015			
City	State Zip Code					
Uity Washington	DC 20003-4024		Transaction ID: D164903			
Purpose of Disbursement	_3000 1021					
Campaign Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
Office Sought: House Disbu	rsement For:	Туре	5550.55			
Office Sought: House Disbu	rsement For: Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
B. National Republican Congression	onal Committee		Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 320 1st Street, SE			03 24 2015			
City	State Zip Code		Transaction ID - D464000			
Washington	DC 20003		Transaction ID : D164902			
Purpose of Disbursement Campaign Contribution		044	Amount of Each Dichesses and this D			
Campaign Contribution Candidate Name		011	Amount of Each Disbursement this Period			
Salidado Hallo		Category/ Type	5000.00			
Office Sought: House Disbu	rsement For:	.,,,,,				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C PLIDDY CAPTED FOR CONCE	ECC		Date of Disbursement			
c. BUDDY CARTER FOR CONGR	につう					
Mailing Address 200 E ST JULIAN ST SUITE 6	03		03 13 2015			
City	State Zip Code		Transaction ID : D164901			
SAVANNAH Purpose of Disbursement	GA 31401					
Campaign Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. E. L. Leroy Carter		Type	5000.00			
	rsement For: 2016					
Senate President	Primary General Other (specify)					
State: GA District: 01	Other (Specify)					
2 2 01						
SUBTOTAL of Disbursements This Page (option	al)		15000.00			
TOTAL This Period (last page this line number	only)					

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SCHEDULE B (FEC Form 3X)						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 X 23 24 25 2 28a 28b 28c 29 3			
r		27				
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Pharmacists Association	n Political Action Co	mmittee				
Full Name (Last, First, Middle Initial)						
A. GENE GREEN CONGRESSIONA	L CAMPAIGN		Date of Disbursement			
Mailing Address PO BOX 16128			03 12 2015			
City	State Zip Code		Towns at law ID D404070			
HOUSTON	TX 77222		Transaction ID: D164879			
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Gene Green		Туре	1000.00			
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼					
State: TX District: 29						
Full Name (Last, First, Middle Initial)						
B. CRAMER FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 396			03 12 2015			
City BISMARCK	State Zip Code ND 58502		Transaction ID : D164882			
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. Kevin Cramer		Type	1000.00			
	ment For: 2016 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) C. MICHAEL BURGESS FOR CONC	BRESS		Date of Disbursement			
Mailing Address PO BOX 2334			03 12 7 9 9 9			
City DENTON	State Zip Code TX 76202		Transaction ID : D164880			
Purpose of Disbursement Campaign Contribution		011				
Candidate Name		011	Amount of Each Disbursement this Period			
Rep. Michael C. Burgess		Category/ Type	1000.00			
Office Sought: House Disburse	ment For: 2016 Primary General Other (specify)	.,,,,,				
State: TX District: 26						
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	3000.00			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 21 OF 21		
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	(check only one)			
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b		
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
American Pharmacists Association	Political Action Co	mmittee				
Full Name (Last, First, Middle Initial)			B			
A. PEOPLE FOR PATTY MURRAY			Date of Disburse			
Mailing Address PO BOX 3662			03 12			
City	tate Zip Code		Transaction ID	- D464004		
0 _/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WA 98124		Transaction ID	: D164881		
Purpose of Disbursement Campaign Contribution		011	Amount of Each	Disbursement this Period		
Candidate Name		Category/		1000.00		
Sen. Patty Murray	. =	Type		1000.00		
∑ Senate ∑ I	nent For: 2016 Primary General					
State: WA District: 00	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
3.			Date of Disburse	ment		
			M M / D	D / Y Y Y Y		
Mailing Address						
City	state Zip Code					
Purpose of Disbursement		· · · ·	Amount of Each	Disbursement this Period		
Candidate Name			Amount of Lacif	Disbursement this renou		
		Category/ Type				
Office Sought: House Disbursem	nent For:					
	Primary General					
	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
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Mailing Address			M M / D	D / Y Y Y Y		
City	State Zip Code					
Purpose of Disbursement						
·		' '	Amount of Each	Disbursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disbursem	nent For:					
	Primary General					
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				1000.00		
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TOTAL This Period (last page this line number only).			1	19000.00		