Image# 12970342264 PAGE 1 / 24

### **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TONIN 3X	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	pe 12FE4M5
American Pharmacist	ts Association Politica	Action Committee	
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 NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  0 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr	· 20 (M4) Jul 20	Year Only)
April 15 Quarterly Report	(Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report October 15	(Q2) PRE-Election Report for the:	Convention (12C)	Special (12S)
Quarterly Report  January 31	Florid	M M / D	D / Y Y Y Y in the State of
Year-End Report  July 31 Mid-Year Report (Non-elect Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)	Report for the:	on on	D / Y Y Y Y Y Y in the State of
5. Covering Period	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	12 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 of	f my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasur	rer Ms. Holly C. Madison		
Signature of Treasurer Ms	. Holly C. Madison	[Electronically Filed	11 Date 01 31 2011
NOTE: Submission of false, erro	oneous, or incomplete information	on may subject the person s	igning 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: 07 01 2011 To: 12 31 2011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		74299.16
	(b) Cash on Hand at Beginning of Reporting Period	79536.69	
	(c) Total Receipts (from Line 19)	27647.50	46745.41
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107184.19	121044.57
7.	Total Disbursements (from Line 31)	10069.71	23930.09
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97114.48	97114.48
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

	COLUMN A	COLUMN B				
I. Receipts	Total This Period	Calendar Year-to-Date				
Contributions (other than loans) From:     (a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	10930.00	14120.00				
(ii) Unitemized	16717.50	32625.41				
(iii) TOTAL (add	27647.50	46745.41				
Lines 11(a)(i) and (ii)	27647.50	40743.41				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry	27647.50	46745.41				
Totals to Line 33, page 5)   12. Transfers From Affiliated/Other	21041.50	107 107 117				
Party Committees	0.00	0.00				
rarty committees		7 7				
3. All Loans Received	0.00	0.00				
4. Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00					
(Carry Totals to Line 37, page 5)	0.00	0.00				
<ol> <li>Refunds of Contributions Made to Federal Candidates and Other</li> </ol>						
Political Committees	0.00	0.00				
17. Other Federal Receipts		7 7 7				
(Dividends, Interest, etc.)	0.00	0.00				
8. Transfers from Non-Federal and Levin Fu	ınds					
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
	0.00	0.00				
(b) Levin Funds (from Schedule H5)	. 0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b)).	0.00	0.00				
(c) Total Transfers (add To(a) and To(b)).		0.00				
19. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	27647.50	46745.41				
20 Total Fadaval Bassists						
20. Total Federal Receipts  (subtract Line 18(c) from Line 19)	27647.50	46745.41				
(subtract Line 18(c) from Line 19)▶	2/04/.50	40745.41				

#### **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				
	ditures: ——deral/Non-Federal Schedule H4)		Calcinati Tour to Date				
• '	Share	0.00	0.00				
()	F						
. ,	deral Share	0.00	0.00				
(b) Other Feder		569.71	930.09				
	ing Expenditures	303.71	330.09				
	, (a)(ii), and (b))▶	569.71	930.09				
Transfers to Affili							
		0.00	0.00				
	al Committees	9500.00	23000.00				
Independent Exp		0.00	0.00				
Coordinated Part	y Expenditures	0.00	0.00				
(2 U.S.C. §441a( (use Schedule F)	d))	0.00	0.00				
Loan Benavment	s Made	0.00	0.00				
Loan Hepayment	3 Wado	7 7 7					
Loans Made Refunds of Contr	ibutions To:	0.00	0.00				
(a) Individuals/P	ersons Other	0.00	0.00				
Than Politica	al Committees	0.00	0.00				
(b) Political Part	y Committees	0.00	0.00				
	al Committees						
(such as PA	Cs)	0.00	0.00				
(d) Total Contrib	ution Refunds						
(add Lines 2	8(a), (b), and (c))▶	0.00	0.00				
Other Disbursem	ents	0.00	0.00				
Federal Election	Activity (2 U.S.C. §431(20))						
` '	deral Election Activity						
(from Sched		0.00	0.00				
(I) Federal S	hare	3.00	7 7				
(ii) "Levin" S	hare	0.00	0.00				
` '	tion Activity Paid Entirely						
	deral Funds	0.00	0.00				
. ,	I Election Activity (add	0.00	0.00				
Lines 30(a)	(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
	nts (add Lines 21(c), 22,						
23, 24, 25, 26, 2	7, 28(d), 29 and 30(c))	10069.71	23930.09				
Total Federal Dis							
	(a)(ii) and Line 30(a)(ii)	10000 71	22020 00				
irom Line 31)	······	10069.71	23930.09				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	27647.50	46745.41
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27647.50	46745.41
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	569.71	930.09
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	569.71	930.09

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

6 OF 24 Use separate schedule(s) for each category of the 12 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) Paul A. Ackerman Date of Receipt Mailing Address 12931 Inshore Dr 10 2011 24 City State Zip Code Transaction ID: C1503637 FL Palm Beach Gardens 33410-2005 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Walgreens Pharmacy #5254 Pharmacy Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Walter Chambliss Date of Receipt Mailing Address 43 W. Carlos Road 12 27 2011 City State Zip Code Transaction ID: C1535885 TN Memphis 38117 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Mississippi Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Harold N. Godwin Date of Receipt Mailing Address 10112 West 98th Street 11 17 2011 City State Zip Code Transaction ID: C1592510 KS Overland Park 66212 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation University of Kansas School of Pharmac Professor of Pharmacy Practice and Ass Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) ITEN

	FOR LINE NUMBER: PAG
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Detailed Summary Page	X 11a 11b 11c

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nformation copied from such Reports and Statements ma	ay not be sold or used by any pe	rsor	n fo	or the	pur	pose o	f so	oliciting	cor	ntributio	ons	

Any i 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) Phyllis A. Grauer Date of Receipt Mailing Address 7661 Cook Rd 07 2011 City State Zip Code Transaction ID: C1361325 OH Plain City 43064-9300 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Clinical Consultant The Ohio State University College of P Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Phyllis A. Grauer Date of Receipt Mailing Address 7661 Cook Rd 09 2011 21 City State Zip Code Transaction ID: C1450403 Plain City OH 43064-9300 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation The Ohio State University College of P Clinical Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Phyllis A. Grauer Date of Receipt Mailing Address 7661 Cook Rd 2011 09 21 City State Zip Code Transaction ID: C1450406 OH Plain City 43064-9300 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Clinical Consultant The Ohio State University College of P Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 340.00 SUBTOTAL of Receipts This Page (optional)..... 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		8	OF		24		
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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	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Clark H. Gustafson PharmD Mailing Address 1208 Camino Del Oeste  City	State Zip Code	Date of Receipt  10 20 2011  Transaction ID : C1503624
Bakersfield	CA 93309-7106	
	33303 7 100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Optimal Health Services	Pharmacist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. Ed L. Hamilton		Date of Receipt
Mailing Address PO Box 1432		09 28 2011
City	State Zip Code	Transaction ID : C1450362
Lake Alfred	FL 33850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
Regency Medical Center Pharmacy	Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Mark S. Hobbs		Date of Receipt
Mailing Address 585 River Moorings Dr		10 18 2011
City Merritt Island	State Zip Code FL 32952	Transaction ID : C1503638  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Hobbs Pharmacy	Owner	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	<b></b>	1500.00
TOTAL This Period (last page this line number	er only)	

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

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	13		14		15		16	;		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. Michael D. Hogue		Date of Receipt
Mailing Address 1011 Cherry Blossom Lane		M = M / D = D / Y = Y = Y
800 Lakeshore Drive		11 13 2011
City	State Zip Code	Transaction ID: C1525823
Mount Olive	AL 35117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Samford University	Assistant Professor of Pharmacy Practi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	290.00	
Full Name (Last, First, Middle Initial)  3. Maclay Hoyne		Date of Receipt
Mailing Address 7990 E Snyder Rd Apt 25103		07 15 2011
City	State Zip Code	Transaction ID : C1361320
Tucson	AZ 85750-9053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University Medical Center	Pharmacist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Amy Kennedy		Date of Receipt
Mailing Address 702 West Street		12 022011
City	State Zip Code	Transaction ID : C1578279
Waunakee	WI 53597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
University of Arizona	Clinical Assistant Professor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogate four to bate v	
Other (specify) ▼	214.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	540.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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) Patty M. Kipp Date of Receipt Mailing Address 3722 Stonewall Cir SE 2011 28 City State Zip Code Transaction ID: C1450356 GA Atlanta 30339 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Staff Pharmacist Mrs. Pat Kipp Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James C. Kloster Date of Receipt Mailing Address 809 S Meyer Ave 10 05 2011 City State Zip Code Transaction ID: C1426019 ΑZ Tucson 85701 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation University of AZ College of Pharmacy Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. James C. Kloster Date of Receipt Mailing Address 809 S Meyer Ave 12 05 2011 City State Zip Code Transaction ID: C1522446 ΑZ Tucson 85701 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation **Pharmacist** University of AZ College of Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X	11a		11b		11c		12	
, .,		13		14		15		16	

	Statements may not be sold or used by any person ename 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)  Jonathan G. Marquess  Mailing Address 15 Allatoona Trace Drive		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Acworth FEC ID number of contributing	State Zip Code GA 30102	Transaction ID : C1525822  Amount of Each Receipt this Period  1000.00
Receipt For:    Other (specify)   ■ Other (sp	Occupation Owner  Aggregate Year-to-Date ▼  1000.00	1000.00
Full Name (Last, First, Middle Initial)  Thomas E. Menighan  Mailing Address 7011 Clinton Court		Date of Receipt  12 20 2011
City Annapolis  FEC ID number of contributing federal political committee.	State Zip Code MD 21403	Transaction ID : C1531049  Amount of Each Receipt this Period  50.00
Name of Employer APhA  Receipt For:  Primary General Other (specify) ▼	Occupation Executive  Aggregate Year-to-Date ▼  550.00	
Full Name (Last, First, Middle Initial)  Sven Normann  Mailing Address PO Box 100483  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Gainesville  FEC ID number of contributing federal political committee.  Name of Employer  University of Florida  Receipt For:  Primary  General  Other (specify)	FL 32610-0483  C Occupation Pharmacist  Aggregate Year-to-Date ▼	Transaction ID : C1520974  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number	only)	

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

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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) Marilyn Osterhaus Date of Receipt Mailing Address 918 W Platt St Suite 2 2011 12 City State Zip Code Transaction ID: C1525520 Maquoketa IΑ 52060 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacv pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St Suite 2 12 12 2011 City State Zip Code Transaction ID: C1525519 IΑ Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacy pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Reeder Date of Receipt Mailing Address 2000 Ariana Blvd 30 09 2011 City State Zip Code Transaction ID: C1450441 FL Auburndale 33823-2031 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation ExcelleRx, Inc. Vice President, In-Patient Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PA
Use separate schedule(s)	(check only one)	
for each category of the		<b>—</b> 1
Detailed Summary Page	X 11a 11b	11c

FOR LINE	NUMBER	: PAG	E 13 OF	24
(check only	one)			
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13	14	15	16	17

	Statements may not be sold or used by any per- he name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Robert J. Renna  Mailing Address 3912 Old Salem Rd		Date of Receipt
Mailing Address 3912 Old Saletti Ku		09 12 2011
City	State Zip Code	Transaction ID : C1450357
Lakeland	FL 33811-1350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Information Requested	Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Steven T. Simenson		Date of Receipt
Mailing Address 5165 156th Ln NW		12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C1578287
Ramsey	MN 55303-4260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	7
Goodrich Pharmacy	Managing Partner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Mindy Smith		Date of Receipt
Mailing Address 18512 Bear Creek Terrace		09 21 2011
City	State Zip Code	Transaction ID : C1366935
Leesburg	VA 20176	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	+
APhA Foundation	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).		1800.00
TOTAL This Period (last page this line number	er only)	

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Use separate schedule(s) for each category of the	(ch	neck only	or or	ne)			_		
Detailed Summary Page	>	<b>X</b> 11a		11b		11c	12		
,		13		14		15	16	Γ	717

17 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) Timothy L. Tucker Date of Receipt Mailing Address 553 Tara Lane 630 R.B. Wilson Drive 2011 11 15 City Zip Code State Transaction ID: C1520993 TN Huntingdon 38344-0189 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation City Drug Company Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karen Whalen Date of Receipt Mailing Address 1612 Huntington Place 09 30 2011 City State Zip Code Transaction ID: C1450423 FL Safety Harbor 34695 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of Florida College of Pharm Associate Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Jennifer S. Williams Date of Receipt Mailing Address 9200 113th St N 30 09 2011 PH 102 City State Zip Code Transaction ID: C1450425 FL Seminole 33772 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Univ of Florida, College of Pharmacy Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

L	_	7	_	_	7	1750.00
	-	_		_		
						10930.00
		9			7	

2011EDIN F A /EEO E 222		
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 24 (check only one)
TEMIZED RECEIPTS	for each category of the	11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 X 17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Pharmacists Association F	Political Action Committee	
Full Name (Last, First, Middle Initial)  • Wachovia		Date of Receipt
Mailing Address NC8502 PO Box 563966		12 19 2011
City		Transaction ID : C1582535
Charlotte No.	28262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		22000.00
Name of Employer Occu	pation	
Receipt For:	regate Year-to-Date ▼	
Primary General	egale Teal-10-Date V	1
Other (specify) ▼	0.00	
Full Name (Last, First, Middle Initial)  3. Wachovia		Date of Receipt
Mailing Address NC8502 PO Box 563966		12 19 2011
City	'	Transaction ID : C1587917
Charlotte NC	28262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-22000.00
Name of Employer Occu	pation	
Receipt For: Agg	regate Year-to-Date ▼	
Primary General		Money transferred to the correct account
Other (specify) ▼	0.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City Sta	ate Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
	pation	
	egate Year-to-Date ▼	
Primary General		1
Other (specify) ▼		
SUBTOTAL of Receipts This Page (ontional)		0.00

TOTAL This Period (last page this line number only).....

0.00

1mage# 12970342279 PAGE 16 / 24

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA17 Transaction ID: C1582535

\$22,000 was transferred into this account by error from the finance department. The amount was supposed to go into another account and was never intended to go into the PAC. The error was caught and the finance team removed the \$22,000.

Form/Schedule: Transaction ID:

### S ľ

S	CHEDULE B (FEC Form 3X)				FOR I	LINE	NUMBER	:			PAGE	17	OF	24
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	)   (	•	k only	′		7		1			
			Summary Page		×	21b 27	22 28a		23 28b	_	24 28c	25 29		26 30b
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	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	al Action Co	mm	ittee	)								
_	Full Name (Last, First, Middle Initial)													
Α.	Evalon Merchant Services						Date o	of Dis	sburse			Y	Y	
	Mailing Address 7300 Chapman Hwy						07		0	1	L.	2011	_	
	,	State	Zip Code				Trans	sacti	ion ID	· D	124398			
	Knoxville	TN	37920-6612				i i a i i	Saci	1011 110		124330			
	Purpose of Disbursement Credit Card transaction fees			Г	001		Amour	nt of	Each	Disl	burseme	nt this	Perio	bc
	Candidate Name				ategor Type	y/		Τ	40 1		-	8	4.95	
	Office Sought: House Disbursen	nent For:	2012		- 7						,			
	Senate	Primary	General											
		Other (spe	ecify) 🔻											
_	State: District:													
В.	Full Name (Last, First, Middle Initial)						Date o	of Die	churco	mai	nt			
υ.	Evalon Merchant Services											Y		
	Mailing Address 7300 Chapman Hwy						08			01		2011	. 1	
	City S Knoxville	State TN	Zip Code 37920-6612				Tran	sact	ion ID	: D	124405			
	Purpose of Disbursement		0.020 0012	_	_	_								
	credit card transaction fees				001		Amour	nt of	Each	Disl	burseme	nt this	Perio	bc
	Candidate Name				ategor Type	y/		Ξ	,	Ξ	-	8	4.95	
	Office Sought: House Disbursen		2012											
		Primary	General											
		Other (spe	ecify) 🔻											
_	State: District:  Full Name (Last, First, Middle Initial)									_				
C.	Evalon Merchant Services						Date o	of Dis	sburse	mer	nt			
							M M	/	D	D	/ Y	ΥΥ	Υ	
	Mailing Address 7300 Chapman Hwy						09	-	0	1	L	2011	_	
	,	State	Zip Code				Tran	sact	ion ID	. D	124406			
	Knoxville Purpose of Disbursement	TN	37920-6612					Just	.02					
	credit card transaction fees				001		<b>A</b>			D:-1			D	
	Candidate Name				ategor	ry/	Amour	IL OI	Eacn	DISI	burseme		Репо 4.95	oa
	Office Sought: House Disbursen	nent For	2012		Туре			-	7	_	7			_
		Primary	General											
	President	Other (spe	ecify) 🔻											
_	State: District:		<u> </u>											
,	SUBTOTAL of Disbursements This Page (optional)									_	-	25,	4.85	
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S	CHEDULE B (FEC Form 3X)			T	FOR	LINE	NUMBER	 ₹:			PAGE	18	OF	24
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the	'   (	`	k only			_		,			
			Summary Page		X	21b 27	22		23 28b		24 28c	25 29		26 30b
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	ny information copied from such Reports and Statem for commercial purposes, other than using the name													;
$\setminus$	NAME OF COMMITTEE (In Full)													
	American Pharmacists Association	Politica	al Action Co	mmi	ittee	9								
_	Full Name (Last, First, Middle Initial)													
Α.	Evalon Merchant Services						Date	of Di	sburse			Y	Υ	
	Mailing Address 7300 Chapman Hwy						10	4	0	3	L	2011	Ш	
	,	State	Zip Code				Tran	eact	ion ID	۰ ۲۰	124407			
	Knoxville	TN	37920-6612				IIai	isaci	טו ווטו.	. ບ	124401			
	Purpose of Disbursement credit card transaction fees				001		Amou	nt of	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name				ategor Type	ry/		Ξ	-		-	8	4.95	
	Office Sought: House Disbursen	nent For:	2012								,			
		Primary	General											
		Other (spe	ecify) 🔻											
_	State: District:													
В.	Full Name (Last, First, Middle Initial) <b>Evalon Merchant Services</b>						Data	of Di	sburse	mar	nt			
٥.	Evalori Merchant Services						M			D		Y	V	
	Mailing Address 7300 Chapman Hwy						11			1		2011		
	City S Knoxville	State TN	Zip Code 37920-6612				Trar	sact	ion ID	: D	124408			
	Purpose of Disbursement		07020 0012			_								
	credit card transaction fees				001		Amou	nt of	Each	Disl	ourseme	nt this	Perio	bd
	Candidate Name				tegor Type	ry/		Ξ	,		,	8	4.95	
	Office Sought: House Disbursen		2012											
		Primary	General											
	President State: District:	Other (spe	ecify) 🔻											
_	Full Name (Last, First, Middle Initial)											—		
C.	Evalon Merchant Services						Date	of Di	sburse	mer	nt			
	Mailing Address 7300 Chapman Hwy						M 12	_	0		/ Y	2011	Y	
	City	State	Zip Code											
		TN	37920-6612				Trar	sact	ion ID	: D	124409			
	Purpose of Disbursement				_	$\overline{}$								
	credit card transaction fees				001		Amou	nt of	Each	Disl	ourseme	nt this	Perio	bd
	Candidate Name				ategor Type	ry/	Т.		-			8	4.95	٦
	Office Sought: House Disbursen	2012		2100				7		1				
	Senate	Primary	General											
	President	Other (spe	ecify) 🔻											
_	State: District:	District:												
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SC	CHEDULE B (FEC Form 3X)		FOD : 111	NUMBER: PAGE 19 OF 24
	EMIZED DISBURSEMENTS	Use separate schedule(s		TVO MIDELLI.
111	LIVIIZED DISBURSEIVIEN IS	for each category of the Detailed Summary Page	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	22 23 24 25 26
		Detailed Summary Page	27	28a 28b 28c 29 30b
	y information copied from such Reports and Staten			
or	for commercial purposes, other than using the name	ne and address of any poli	tical committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	B 100 1 A 41 - 5	•	
	American Pharmacists Association	Political Action Co	ommittee	
_	Full Name (Last, First, Middle Initial)			
Α.	Wachovia			Date of Disbursement
	Mailing Address NC8502 PO Box 563966			12 31 2011
	City	State Zip Code		
	Charlotte	NC 28262		Transaction ID : D124840
	Purpose of Disbursement American Express Fee to bank account		004	Amount of Fook Bishumon and this Boried
	Candidate Name		001	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	9.78
		nent For: 2012	•	
	Senate	Primary General		
	State: District:	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)			
В.				Date of Disbursement
				M = M / D = D / Y = Y = Y
	Mailing Address NC8502 PO Box 563966			07 12 2011
	City S Charlotte	State Zip Code NC 28262		Transaction ID : D124399
	Purpose of Disbursement	20202		
	bank fees		001	Amount of Each Disbursement this Period
	Candidate Name		Category/	5.00
	Office County		Type	3.00
		nent For: 2012 Primary General		
		Other (specify)		
	State: District:	( 1		
	Full Name (Last, First, Middle Initial)			
C.	Wachovia			Date of Disbursement
	Mailing Address NC8502 PO Box 563966			08 09 2011
	Mailing Address NC6502 PO Box 365966			00 03 2011
	•	State Zip Code		Transaction ID : D124400
	Charlotte Purpose of Disbursement	NC 28262	1	
	bank fees		001	Amount of Each Disbursement this Period
	Candidate Name		Category/	
			Type	1.38
		nent For: 2012		
	Senate President	Primary General Other (specify)		
	State: District:	Onier (Specify)		
s	UBTOTAL of Disbursements This Page (optional)			16.16
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П	EMIZED DISBURSEMENTS	for each catego	ry of the	X 21b	22	23 [	24	25	:	26
		Detailed Summa	ary Page	27	28a	28b	28c	29		30b
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<u> </u>	NAME OF COMMITTEE (In Full)	o una addition of	arry pointion		CONOR CONTRI					
	• • •	Dalitiaal Aat	: a.a. O a.a.a	:						
/	American Pharmacists Association	Political Act	ion Com	mittee						
	Full Name (Last, First, Middle Initial)									
A.	Wachovia				Date of D	sbursen	nent			
					M M	D D	) / Y	YY	Y	
	Mailing Address NC8502 PO Box 563966				09	12	╛╚	2011		
	011.	N-1- 7:- (	N1-							
	,	State Zip C			Transact	ion ID :	D124401			
	Charlotte Purpose of Disbursement	NC 2826	02							
	bank fees			001	Amount of	Fach D	)isbursem	ent this	Period	ı
	Candidate Name				7 0.					-
				Category/ Type	1				1.25	н
	Office Sought: House Disbursen	nent For: 2012		.,,,,		7	7			
		Primary	General							
	President	Other (specify)	,							
	State: District:									
	Full Name (Last, First, Middle Initial)									
В.	Wachovia				Date of Di	sbursen	nent			
					M = M /	D   D	) / Y	YY	Y	
	Mailing Address NC8502 PO Box 563966				10	12		2011		
	•	State Zip C			Transac	ion ID :	D124402			
	Charlotte Purpose of Disbursement	NC 2826	52							
	bank fees			001	Amount of	Fach F	)iehureem	ant this	Pariod	1
	Candidate Name				Amount of	Lacii L	713DUI 3CITI	CITE UIIS	1 01100	-
	Carradate Harris			Category/ Type	1				2.73	н
	Office Sought: House Disbursen	nent For: 2012		Турс		7	,			
			General							
		Other (specify)								
	State: District:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
	Full Name (Last, First, Middle Initial)									
C.	Wachovia				Date of Di	sbursen	nent			
					M M	D D	/ Y	YY	Y	
	Mailing Address NC8502 PO Box 563966				11	09	┚┖	2011		
	-									
	•	State Zip C NC 2826			Transac	ion ID :	D124403			
	Charlotte Purpose of Disbursement	NC 2826	)2							
	bank fees			001	Amount of	Ecol- 5	Nich	ont #1=!-	Dor!	ı
	Candidate Name		—— I		Amount of	⊏acn L	nsbursem	eni inis	rerioo	
				Category/ Type	' '			2	20.48	н
	Office Sought: House Disbursen	nent For: 2012		71. *		1	7			-
			General							
	President	Other (specify)	,							
	State: District:	•								
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s	SUBTOTAL of Disbursements This Page (optional)				L	(II)	1 40	2	4.46	
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lт	OTAL This Period (last nage this line number only)									

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SC	HEDULE B (FEC Form 3X)		FOF	R LINE	NUMBE	R:			PAGE	21	OF 2
ITE	MIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	1 (0110		y one)		7.00				
		Detailed Summary Page		21b 27	22 28a	.  -	23 28b		24 28c	25 29	3
Anv	r information copied from such Reports and Staten	lents may not be sold or us	ed by ar					of so			
or f	or commercial purposes, other than using the name	ne and address of any politic	cal comm	nittee 1	o solicit d	ontril	outions	fro	m such	commit	tee.
I \	NAME OF COMMITTEE (In Full)										
	American Pharmacists Association	Political Action Co.	mmitte	e							
	Full Name (Last, First, Middle Initial)										
Α.	Wachovia						sburse				
İ	Mailing Address NC8502 PO Box 563966				12		0	- 1	/ Y	2011	Y
(	City	State Zip Code			Trai	neact	ion ID	· D	124404		
	Charlotte Purpose of Disbursement	NC 28262			- '''	isaci	טו ווטוו		124404		
	bank fees				Amou	ınt of	Each	Disl	ourseme	ent this	Period
Ī	Candidate Name		Categ	ory/		-	-			1	0.20
-	000		Тур			-	7	-	7		9.39
(		nent For: 2012 Primary General									
		Other (specify) ▼									
	State: District:										
В.	Full Name (Last, First, Middle Initial)				Date	- ( D	-1				
О.					Date	וט זס	sburse			Y	V
İ	Mailing Address				_ M =	IVI /		Ь	/   4 -	Y = Y	Y
(	Dity S	State Zip Code									
Ī	Purpose of Disbursement			$\overline{}$	A			D:-I		م: ملف فمد	Daviad
(	Candidate Name			إ	Amol	int of	Eacn	DISI	ourseme	ent this	Period
			Categ Typ				,		,		
(	Office Sought: House Disbursen										
		Primary General Other (specify) ▼									
,	State: District:	Other (specify)									
	Full Name (Last, First, Middle Initial)										
C.					Date	of Di	sburse	mer	nt		
i	Mailing Address				M	M /	D	D	/ Y	Y	Υ
(	City S	State Zip Code									
Ī	Purpose of Disbursement			_	-						
-	O andidada Nama				Amou	ınt of	Each	Dist	ourseme	ent this	Period
,	Candidate Name		Categ Typ	ory/ e							
Ō	Office Sought: House Disbursen	nent For:	1,70				,		7		
		Primary General									
		Other (specify) ▼									
	State: District:										
SI	JBTOTAL of Disbursements This Page (optional)			⊾						19	9.39
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 22 OF 24		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 OF 24 (check only one)			
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26		
	Detailed Guillinary 1 age	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		•			
American Pharmacists Association	Political Action Cor	nmittee			
Full Name (Last, First, Middle Initial)					
A. CATHY MCMORRIS RODGERS F	OR CONGRESS		Date of Disbursement		
CATTI MOMORRIO RODGERO I OR CONGREGO			M M / D D / Y Y Y Y		
Mailing Address Box 137	09 09 2011				
City	7:- 0				
City Spokane	State Zip Code WA 99210		Transaction ID: D119303		
Purpose of Disbursement	33210				
Contribution to Federal Candidate		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	4000.00		
Rep. Cathy McMorris Rodgers		Type	1000.00		
	nent For: 2012				
Senate President	Primary General				
State: WA District: 05	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. PALLONE FOR CONGRESS			Date of Disbursement		
TALLONE FOR CONCREGO			M M / D D / Y Y Y Y		
Mailing Address PO Box 3176			08 01 2011		
,	State Zip Code NJ 07740		Transaction ID : D118158		
Long Branch Purpose of Disbursement	140				
Contribution to Federal Candidates		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Rep. Frank Pallone Jr.		Type	1500.00		
	nent For: 2012				
	Primary General				
	Other (specify) ▼				
Full Name (Last, First, Middle Initial)  C. JIM GERLACH FOR CONGRESS	COMMITTEE		Date of Disbursement		
51 SIM GENEACHT ON CONGRESS		M M / D D / Y Y Y Y			
Mailing Address PO Box 87			09 21 2011		
•	State Zip Code PA 19480		Transaction ID : D119528		
Uwchland Purpose of Disbursement	PA 19480				
Contribution to federal candidate			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Rep. Jim Gerlach		Type	1000.00		
	nent For: 2012				
	Primary General				
President State: PA District: 06	Other (specify) ▼				
State: PA District: 06					
SUBTOTAL of Disbursements This Page (optional)			3500.00		
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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 23	3 OF 24	
ITEMIZED DISBURSEMENTS	ED DISBURSEMENTS  Use separate schedule(s) (check to get a category of the		eck only one)		
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	1 1	
Any information copied from such Reports and State	ments may not be sold or use				
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
American Pharmacists Associatio	n Political Action Con	nmittee			
Full Name (Last, First, Middle Initial)					
A. CONGRESSMAN JOE BARTON COMMITTEE, THE			Date of Disbursement		
Mailing Address P.O. Box 1444			10 31 2011		
City	State Zip Code		Transaction ID - D420025		
Ennis	TX 75120		Transaction ID : D120635		
Purpose of Disbursement Contribution to Federal Candidate			Amount of Each Disbursement th	is Period	
Candidate Name		Category/	10	00.00	
Rep. Joe L. Barton  Office Sought:  House Disburs	ement For: 2012	Туре			
Senate	Primary General				
State: TX District: 06	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. MARSHA BLACKBURN FOR CO	NGRESS INC		Date of Disbursement		
WIN TO THE BENONBORN TO TO CO	NONLOG ING.		M = M / D = D / Y = Y	Y	
Mailing Address PO Box 3750			11 14 2011		
City	State Zip Code		Transaction ID : D121353		
Brentwood Purpose of Disbursement	TN 37024				
Contribution to a federal candidate			Amount of Each Disbursement th	is Period	
Candidate Name		Category/			
Rep. Marsha Blackburn		Type	11	00.00	
	ement For: 2012				
Senate President	Primary General				
State: TN District: 07	Other (specify)				
Full Name (Last, First, Middle Initial)					
C. SUE MYRICK FOR CONGRESS			Date of Disbursement		
		M M / D D / Y Y	Y		
Mailing Address P.O. Box 37091			10 31 2011		
City	State Zip Code				
Charlotte	NC 28237		Transaction ID : D120636		
Purpose of Disbursement					
Contribution to Federal Candidate			Amount of Each Disbursement th	is Period	
Candidate Name  Category/			10	00.00	
Rep. Sue Myrick  Office Sought: House Disburs	ement For: 2012	Туре			
Senate Sought.	Primary General				
President	Other (specify)				
State: NC District: 09					
i i		'			
SUBTOTAL of Disbursements This Page (optional)			30	000.00	
TOTAL This Period (last page this line number onl	y)	·····			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 24		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30		
[		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 Associatio	n Political Action Cor	nmittee			
/					
Full Name (Last, First, Middle Initial)			Data of Dishurasmort		
A. STABENOW FOR US SENATE			Date of Disbursement		
Mailing Address P.O. BOX 4945			12 14 2011		
City	State Zip Code		Transaction ID : D121920		
EAST LANSING Purpose of Disbursement	MI 48826		114115404151115 1 5 12 1020		
Contribution to a federal candidate			Amount of Each Disbursement this Period		
Candidate Name		Category			
Sen. Debbie Stabenow		Category/ Type	1000.00		
Office Sought: House Disburse	ement For: 2012				
Senate >	Primary General				
State: MI District: 00	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. MONTANANS FOR TESTER			Date of Disbursement		
MONTANANOT ON TESTER			M = M / D = D / Y = Y = Y		
Mailing Address PO BOX 1135			11 21 2011		
City HELENA	State Zip Code MT 59624		Transaction ID : D121458		
Purpose of Disbursement	39024				
Contributions to a federal candidate			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Sen. Jon Tester		Туре	1000.00		
	ement For: 2012 Primary General				
President	Other (specify)				
State: MT District: 00	Cirior (opcomy)				
Full Name (Last, First, Middle Initial)					
C. FRIENDS OF SHERROD BROW	V		Date of Disbursement		
		M M / D D / Y Y Y Y			
Mailing Address PO BOX 76187			11 14 2011		
City	State Zip Code				
WASHINGTON	DC 20013		Transaction ID : D121352		
Purpose of Disbursement					
Contribution to a federal candidate			Amount of Each Disbursement this Period		
Candidate Name Sen. Sherrod Brown Category/ Type			1000.00		
	ement For: 2012	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: OH District: 00					
			2000.00		
SUBTOTAL of Disbursements This Page (optional)		······	3000.00		
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