

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Pharmacists Association Political Action Committee

ADDRESS (number and street) ▼

2215 Constitution Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00193854

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Holly C. Madison

Signature of Treasurer

Ms. Holly C. Madison

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information 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: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		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)

Page 3

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 / 01 / 2011

To:

M M / D D / Y Y Y Y Y  
12 / 31 / 2011
**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).....

10930.00

14120.00

(ii) Unitemized .....

16717.50

32625.41

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

27647.50

46745.41

(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

Totals to Line 33, page 5) ..... ►

27647.50

46745.41

## 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

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

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

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

27647.50

46745.41

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

27647.50

46745.41

**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	569.71	930.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	569.71	930.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	23000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10069.71	23930.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27647.50	46745.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27647.50	46745.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	569.71	930.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	569.71	930.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul A. Ackerman**

Mailing Address 12931 Inshore Dr

City State Zip Code  
Palm Beach Gardens FL 33410-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walgreens Pharmacy #5254

Occupation  
Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2011

**Transaction ID : C1503637**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Walter Chambliss**

Mailing Address 43 W. Carlos Road

City State Zip Code  
Memphis TN 38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Mississippi

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2011

**Transaction ID : C1535885**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Harold N. Godwin**

Mailing Address 10112 West 98th Street

City State Zip Code  
Overland Park KS 66212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Kansas School of Pharmac

Occupation  
Professor of Pharmacy Practice and Ass

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2011

**Transaction ID : C1592510**

Amount of Each Receipt this Period

500.00

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

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

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Phyllis A. Grauer**

Mailing Address 7661 Cook Rd

City

Plain City

State

OH

Zip Code

43064-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ohio State University College of P

Occupation

Clinical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2011

**Transaction ID : C1361325**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Phyllis A. Grauer**

Mailing Address 7661 Cook Rd

City

Plain City

State

OH

Zip Code

43064-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ohio State University College of P

Occupation

Clinical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2011

**Transaction ID : C1450403**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Phyllis A. Grauer**

Mailing Address 7661 Cook Rd

City

Plain City

State

OH

Zip Code

43064-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ohio State University College of P

Occupation

Clinical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2011

**Transaction ID : C1450406**

Amount of Each Receipt this Period

100.00

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

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

340.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clark H. Gustafson PharmD**

Mailing Address 1208 Camino Del Oeste

City

Bakersfield

State

CA

Zip Code

93309-7106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optimal Health Services

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2011

**Transaction ID : C1503624**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ed L. Hamilton**

Mailing Address PO Box 1432

City

Lake Alfred

State

FL

Zip Code

33850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regency Medical Center Pharmacy

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

**Transaction ID : C1450362**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark S. Hobbs**

Mailing Address 585 River Moorings Dr

City

Merritt Island

State

FL

Zip Code

32952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hobbs Pharmacy

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

**Transaction ID : C1503638**

Amount of Each Receipt this Period

500.00

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

1500.00

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



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael D. Hogue**

Mailing Address 1011 Cherry Blossom Lane  
800 Lakeshore Drive

City State Zip Code  
Mount Olive AL 35117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samford University

Occupation

Assistant Professor of Pharmacy Practi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2011

**Transaction ID : C1525823**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Maclay Hoyne**

Mailing Address 7990 E Snyder Rd Apt 25103

City State Zip Code  
Tucson AZ 85750-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Medical Center

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2011

**Transaction ID : C1361320**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Amy Kennedy**

Mailing Address 702 West Street  
1

City State Zip Code  
Waunakee WI 53597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Arizona

Occupation

Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : C1578279**

Amount of Each Receipt this Period

40.00

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

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

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patty M. Kipp**

Mailing Address 3722 Stonewall Cir SE

City State Zip Code  
 Atlanta GA 30339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mrs. Pat Kipp

Occupation

Staff Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2011

**Transaction ID : C1450356**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James C. Kloster**

Mailing Address 809 S Meyer Ave

City State Zip Code  
 Tucson AZ 85701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of AZ College of Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2011

**Transaction ID : C1426019**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. James C. Kloster**

Mailing Address 809 S Meyer Ave

City State Zip Code  
 Tucson AZ 85701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of AZ College of Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2011

**Transaction ID : C1522446**

Amount of Each Receipt this Period

100.00

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

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

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan G. Marquess**

Mailing Address 15 Allatoona Trace Drive

City

Acworth

State

GA

Zip Code

30102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Institute for Wellness and Educati

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : C1525822

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas E. Menighan**

Mailing Address 7011 Clinton Court

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APhA

Occupation

Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 20 / 2011

Transaction ID : C1531049

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Sven Normann**

Mailing Address PO Box 100483

City

Gainesville

State

FL

Zip Code

32610-0483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : C1520974

Amount of Each Receipt this Period

500.00

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

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

1550.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

### A. Marilyn Osterhaus

Mailing Address 918 W Platt St Suite 2

City State Zip Code  
Maquoketa IA 52060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Osterhaus Pharmacy

Occupation  
pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2011

Transaction ID : C1525520

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

### B. Matthew Osterhaus

Mailing Address 918 W Platt St Suite 2

City State Zip Code  
Maquoketa IA 52060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Osterhaus Pharmacy

Occupation  
pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2011

Transaction ID : C1525519

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

### C. Stephen Reeder

Mailing Address 2000 Ariana Blvd

City State Zip Code  
Auburndale FL 33823-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ExcellerRx, Inc.

Occupation

Vice President, In-Patient Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2011

Transaction ID : C1450441

Amount of Each Receipt this Period

500.00

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

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

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert J. Renna**

Mailing Address 3912 Old Salem Rd

City

Lakeland

State

FL

Zip Code

33811-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2011

Transaction ID : C1450357

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Steven T. Simenson**

Mailing Address 5165 156th Ln NW

City

Ramsey

State

MN

Zip Code

55303-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Goodrich Pharmacy

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 05 / 2011

Transaction ID : C1578287

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mindy Smith**

Mailing Address 18512 Bear Creek Terrace

City

Leesburg

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APhA Foundation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 21 / 2011

Transaction ID : C1366935

Amount of Each Receipt this Period

300.00

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

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

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy L. Tucker**

Mailing Address 553 Tara Lane

630 R.B. Wilson Drive

City

Huntingdon

State

TN

Zip Code

38344-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City Drug Company

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2011

Transaction ID : C1520993

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Karen Whalen**

Mailing Address 1612 Huntington Place

City

Safety Harbor

State

FL

Zip Code

34695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida College of Pharm

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : C1450423

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jennifer S. Williams**

Mailing Address 9200 113th St N

PH 102

City

Seminole

State

FL

Zip Code

33772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Florida, College of Pharmacy

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2011

Transaction ID : C1450425

Amount of Each Receipt this Period

250.00

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

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

1750.00

10930.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia**

Mailing Address NC8502 PO Box 563966

City

Charlotte

State

NC

Zip Code

28262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : C1582535**

Amount of Each Receipt this Period

22000.00

Full Name (Last, First, Middle Initial)

**B. Wachovia**

Mailing Address NC8502 PO Box 563966

City

Charlotte

State

NC

Zip Code

28262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : C1587917**

Amount of Each Receipt this Period

-22000.00

Money transferred to the correct account

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

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:



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920-6612

Purpose of Disbursement  
Credit Card transaction fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2011

Transaction ID : D124398

Amount of Each Disbursement this Period

84.95
-------

Full Name (Last, First, Middle Initial)

**B. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920-6612

Purpose of Disbursement  
credit card transaction fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2011

Transaction ID : D124405

Amount of Each Disbursement this Period

84.95
-------

Full Name (Last, First, Middle Initial)

**C. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920-6612

Purpose of Disbursement  
credit card transaction fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : D124406

Amount of Each Disbursement this Period

84.95
-------

SUBTOTAL of Disbursements This Page (optional)..... ►

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

254.85
--------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City

Knoxville

State

TN

Zip Code

37920-6612

Purpose of Disbursement

credit card transaction fees

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For: 2012

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2011

Transaction ID : D124407

Amount of Each Disbursement this Period

84.95

Full Name (Last, First, Middle Initial)

**B. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City

Knoxville

State

TN

Zip Code

37920-6612

Purpose of Disbursement

credit card transaction fees

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For: 2012

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : D124408

Amount of Each Disbursement this Period

84.95

Full Name (Last, First, Middle Initial)

**C. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City

Knoxville

State

TN

Zip Code

37920-6612

Purpose of Disbursement

credit card transaction fees

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For: 2012

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D124409

Amount of Each Disbursement this Period

84.95

SUBTOTAL of Disbursements This Page (optional).....▶

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

254.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia**

Mailing Address NC8502 PO Box 563966

City Charlotte      State NC      Zip Code 28262

Purpose of Disbursement  
American Express Fee to bank account

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For: 2012

☒ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      31      2011
**Transaction ID : D124840**

Amount of Each Disbursement this Period

9.78

Full Name (Last, First, Middle Initial)

**B. Wachovia**

Mailing Address NC8502 PO Box 563966

City Charlotte      State NC      Zip Code 28262

Purpose of Disbursement  
bank fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For: 2012

☒ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      12      2011
**Transaction ID : D124399**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Wachovia**

Mailing Address NC8502 PO Box 563966

City Charlotte      State NC      Zip Code 28262

Purpose of Disbursement  
bank fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For: 2012

☒ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      09      2011
**Transaction ID : D124400**

Amount of Each Disbursement this Period

1.38

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.16

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wachovia**

Mailing Address NC8502 PO Box 563966

City Charlotte      State NC      Zip Code 28262

Purpose of Disbursement  
bank fees

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For: 2012

☒ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      12      2011
**Transaction ID : D124401**

Amount of Each Disbursement this Period

1.25

Full Name (Last, First, Middle Initial)

**B. Wachovia**

Mailing Address NC8502 PO Box 563966

City Charlotte      State NC      Zip Code 28262

Purpose of Disbursement  
bank fees

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For: 2012

☒ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      12      2011
**Transaction ID : D124402**

Amount of Each Disbursement this Period

2.73

Full Name (Last, First, Middle Initial)

**C. Wachovia**

Mailing Address NC8502 PO Box 563966

City Charlotte      State NC      Zip Code 28262

Purpose of Disbursement  
bank fees

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For: 2012

☒ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11      09      2011
**Transaction ID : D124403**

Amount of Each Disbursement this Period

20.48

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24.46

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Wachovia**

Mailing Address NC8502 PO Box 563966

City Charlotte      State NC      Zip Code 28262

Purpose of Disbursement  
bank fees

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President  
State:              District:

Disbursement For: 2012  
☒ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      09      2011

Transaction ID : D124404

Amount of Each Disbursement this Period

19.39

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City                              State                              Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City                              State                              Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19.39

569.71

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CATHY MCMORRIS RODGERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Mailing Address Box 137

**Transaction ID : D119303**

City Spokane State WA Zip Code 99210

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Federal Candidate

011

1000.00
---------

Candidate Name

**Rep. Cathy McMorris Rodgers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA	District: 05	

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2011

Mailing Address PO Box 3176

**Transaction ID : D118158**

City Long Branch State NJ Zip Code 07740

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to Federal Candidates

011

1500.00
---------

Candidate Name

**Rep. Frank Pallone Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 06	

Full Name (Last, First, Middle Initial)

**C. JIM GERLACH FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address PO Box 87

**Transaction ID : D119528**

City Uwchland State PA Zip Code 19480

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution to federal candidate

1000.00
---------

Candidate Name

**Rep. Jim Gerlach**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA	District: 06	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CONGRESSMAN JOE BARTON COMMITTEE, THE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

**Transaction ID : D120635**Purpose of Disbursement  
Contribution to Federal Candidate

Amount of Each Disbursement this Period

Candidate Name

**Rep. Joe L. Barton**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 06

Full Name (Last, First, Middle Initial)

**B. MARSHA BLACKBURN FOR CONGRESS INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

**Transaction ID : D121353**Purpose of Disbursement  
Contribution to a federal candidate

Amount of Each Disbursement this Period

Candidate Name

**Rep. Marsha Blackburn**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

**C. SUE MYRICK FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address P.O. Box 37091

City	State	Zip Code
Charlotte	NC	28237

**Transaction ID : D120636**Purpose of Disbursement  
Contribution to Federal Candidate

Amount of Each Disbursement this Period

Candidate Name

**Rep. Sue Myrick**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City	State	Zip Code
EAST LANSING	MI	48826

Purpose of Disbursement  
Contribution to a federal candidate

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

**Transaction ID : D121920**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement  
Contributions to a federal candidate

Candidate Name

**Sen. Jon Tester**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2011

**Transaction ID : D121458**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SHERROD BROWN**

Mailing Address PO BOX 76187

City	State	Zip Code
WASHINGTON	DC	20013

Purpose of Disbursement  
Contribution to a federal candidate

Candidate Name

**Sen. Sherrod Brown**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

**Transaction ID : D121352**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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9500.00
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