Image# 14978315289 PAGE 1 / 27

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL P	or Other Than An Au	tnorized Committee	Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
American Pharmacists	Association Politica	I Action Committee	<b>)</b>	
ADDRESS (number and street)	2215 Constitution Avenue,	NW		
Check if different				
than previously reported. (ACC)	Washington		DC 20037 -	
2. FEC IDENTIFICATION NU	JMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲	
C C00193854		IS THIS X NEV	OR AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 ( (Non-Electic Year Only)  20 (M6) Sep 20 (M9) Dec 20 ( (Non-Electic Year Only)	on (M12)
(a) Quarterly Reports:	An	r 20 (M4) Jul 2	Year Only)  20 (M7)  Oct 20 (M10)  Jan 31 (**)	
April 15 Quarterly Report (Q	01)			
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)  Convention (12C)	General (12G) Runoff (1 Special (12S)	12R)
October 15 Quarterly Report (Q	·			
January 31 Year-End Report (Y	E) Electi	on on/ D	in the State of	$\Box$
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (3	(30S)
Termination Report (TER)	·	on on	in the State of	
5. Covering Period 07	01 2014	through	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
I certify that I have examined th	is Report and to the best o	f my knowledge and belie	ef it is true, correct and complete.	
Type or Print Name of Treasure	Mr. Joe Janela			
Signature of Treasurer Mr. 3	Joe Janela	[Electronically Fil	[ed] Date 10 15 2014	Y
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person	signing this Report to the penalties of 2 U.S.C. §43	37g.
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 2014 To: 09 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2014		95742.28
	(b) Cash on Hand at Beginning of Reporting Period	112665.05	
	(c) Total Receipts (from Line 19)	11892.03	45626.52
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124557.08	141368.80
7.	Total Disbursements (from Line 31)	34858.30	51670.02
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89698.78	89698.78
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

	01 2014 To:	09 30 2014	
I. Receipts	COLUMN B Calendar Year-to-Date		
	1		
	3865.00	16980.68	
(i) Itemized (use Schedule A)	3003.00	10000.00	
(ii) Unitemized	8027.03	28645.84	
Lines 11(a)(i) and (ii)	, 11892.03	45626.52	
Political Party Committees	0.00	0.00	
Other Political Committees (such as PACs)	0.00	0.00	
Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)	11892.03	45626.52	
	0.00	0.00	
ty Committees	0.00	0.00	
Loans Received	0.00	0.00	
n Repayments Received	0.00	0.00	
1 1	7		
funds, Rebates, etc.)			
rry Totals to Line 37, page 5)	0.00	0.00	
unds of Contributions Made			
Federal Candidates and Other			
itical Committees	0.00	0.00	
er Federal Receipts			
vidends, Interest, etc.)	0.00	0.00	
nsfers from Non-Federal and Levin Funds			
Non-Federal Account			
(from Schedule H3)	0.00	0.00	
Levin Funds (from Schedule H5)	0.00	0.00	
	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

0.00 0.00 358.30	Calendar Year-to-Date  0.00  0.00
0.00	
	0.00
358.30	
358.30	
	1170.02
358.30	1170.02
0.00	0.00
34500.00	50500.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
34858.30	51670.02
3/1858 30	51670.02
	358.30 0.00 34500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

## **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)	11892.03	45626.52
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11892.03	45626.52
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	358.30	1170.02
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	358.30	1170.02

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

FO	R LINE	NU	MBER	:	PAGE	6	OF	27
(ch	eck only	or	ne)					
>	<b>1</b> 1a		11b		11c	12	2	
	13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persibe name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Lauren E. Bode		Date of Receipt
Mailing Address 824 Watson St		07 19 2014
City	State Zip Code	Transaction ID : C2826625
Memphis	TN 38111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
University of Tennessee Health Science	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	1339.72	
Full Name (Last, First, Middle Initial)  Starlin Haydon-Greatting	•	Date of Receipt
Mailing Address 3601 Melissa Draive		08 18 2014
City	State Zip Code	Transaction ID : C2851673
Springfield	IL 62711-9600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
IPhA-PSMP	Pharmacist Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	790.00	
Full Name (Last, First, Middle Initial)  Starlin Haydon-Greatting		Date of Receipt
Mailing Address 3601 Melissa Draive		09 05 2014
City Springfield	State Zip Code IL 62711-9600	Transaction ID : C2817967
	02/11-9000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	1
IPhA-PSMP	Pharmacist Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	790.00	
SUBTOTAL of Receipts This Page (optional).		360.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE	NUMBER	: PAGE	: 7 OF	27
(check only	y one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Starlin Haydon-Greatting  Mailing Address 3601 Melissa Draive  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer IPhA-PSMP  Receipt For: Primary General Other (specify)	State Zip Code IL 62711-9600  C  Occupation Pharmacist Consultant  Aggregate Year-to-Date ▼  790.00	Date of Receipt  M M M / 29 2014  Transaction ID: C2851687  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Maclay Hoyne  Mailing Address 7990 E Snyder Rd NULL  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer University Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85750-9053  C  Occupation Pharmacist  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Daniel Kudryashov  Mailing Address 9961 Cedar St  City Bellflower  FEC ID number of contributing federal political committee.  Name of Employer University of Southern California Scho Receipt For:  Primary General Other (specify)	State Zip Code CA 90706-6909  C  Occupation Information Requested  Aggregate Year-to-Date ▼  250.00	Date of Receipt  07 31 2014  Transaction ID : C2826587  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1050.00
TOTAL This Period (last page this line number	er only)	

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

				PAGE	=	8	OF	27	
(che	eck only	or	ne)						
×	11a		11b		11c		12	2	
	13		14		15		16	6	17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Pharmacists Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial)  1. Thomas E. Menighan		Date of Receipt
Mailing Address 7011 Clinton Ct NULL		07 28 _ 2014 _
City	State Zip Code	Transaction ID : C2826488
Annapolis	MD 21403-7602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
APhA	Executive	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	00 0	
Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial)  Thomas E. Menighan		Date of Receipt
Mailing Address 7011 Clinton Ct		M = M / D = D / Y = Y = Y
NULL		07 31 2014
City	State Zip Code	Transaction ID : C2826489
Annapolis	MD 21403-7602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
APhA	Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial)  C. Thomas E. Menighan		Date of Receipt
Mailing Address 7011 Clinton Ct NULL		09 02 2014
City	State Zip Code	Transaction ID : C2851684
Annapolis	MD 21403-7602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
APhA	Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	460.00	
SUBTOTAL of Receipts This Page (ontional)	<b>&gt;</b>	410.00
(optional)		
TOTAL This Period (last page this line numb	per only)	

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

9 OF 27 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) Thomas E. Menighan Date of Receipt Mailing Address 7011 Clinton Ct NULL 02 2014 City Zip Code State Transaction ID: C2851685 MD Annapolis 21403-7602 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation **APhA** Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas E. Menighan Date of Receipt Mailing Address 7011 Clinton Ct **NULL** 09 2014 30 City State Zip Code Transaction ID: C2851723 MD Annapolis 21403-7602 Amount of Each Receipt this Period FEC ID number of contributing -50.00federal political committee. Name of Employer Occupation **APhA** Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr 2014 80 18 NULL City State Zip Code

Transaction ID: C2851672 OH Powell 43065-6047 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation **VP Anti-Diversion** Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

27

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr NULL 2014 09 29 City State Zip Code Transaction ID: C2851686 OH Powell 43065-6047 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation VP Anti-Diversion Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas O. Munyer Date of Receipt Mailing Address PO Box 100486 **NULL** 2014 07 19 City State Zip Code Transaction ID: C2826565 FL Gainesville 32610-0486 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation University of Florida Gainesville. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marilyn Osterhaus Date of Receipt Mailing Address 918 W Platt St, #2 2014 07 26 City State Zip Code Transaction ID: C2789876 IΑ Maquoketa 52060-2038 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Pharmacist Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 380.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

		PAGE 11 OF	27
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11b 14	11c 12	

	Statements may not be sold or used by any pers 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)  Marilyn Osterhaus  Mailing Address 918 W Platt St, #2		Date of Receipt
City Maquoketa	State Zip Code IA 52060-2038	08 26 2014  Transaction ID : C2813035  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer  Osterhaus Pharmacy  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Pharmacist  Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial)  Marilyn Osterhaus  Mailing Address 918 W Platt St, #2		Date of Receipt  09 26 _2014 _
City Maquoketa	State Zip Code IA 52060-2038	Transaction ID : C2832408  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00
Osterhaus Pharmacy  Receipt For:  Primary  General	Pharmacist  Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	450.00	
Matthew Osterhaus  Mailing Address 918 W. Platt St  Suite 2  City	State Zip Code	Date of Receipt  07 26 2014  Transaction ID : C2789875
Maquoketa  FEC ID number of contributing federal political committee.	IA 52060	Amount of Each Receipt this Period 50.00
Name of Employer  Osterhaus Pharmacy  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Pharmacist  Aggregate Year-to-Date ▼  550.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	150.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 12 OF 27 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Matthew Osterhaus Date of Receipt Mailing Address 918 W. Platt St Suite 2 80 2014 26 City State Zip Code Transaction ID: C2813034 Maquoketa IΑ 52060 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacv Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Osterhaus Date of Receipt Mailing Address 918 W. Platt St Suite 2 09 2014 26 City State Zip Code Transaction ID: C2832407 IΑ Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacy Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert J. Osterhaus Date of Receipt Mailing Address 216 Austin Avenue 2014 09 07 City State Zip Code Transaction ID: C2819687 IA Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Pharmacist** Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 27 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) L Michael Posey Date of Receipt Mailing Address 850 Saint Ives Ln 05 2014 City Zip Code State Transaction ID: C2817961 GΑ Athens 30606 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation American Pharmacists Associatioin Pharmacist-editor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony T. Pudlo Date of Receipt Mailing Address Iowa Pharmacy Association 8515 Douglas Avenue 09 25 2014 City State Zip Code Transaction ID: C2845657 IΑ Des Moines 50322 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Information Requested Vice President of Professional Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 642.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 615.00 SUBTOTAL of Receipts This Page (optional)..... 3865.00 TOTAL This Period (last page this line number only).....

Use septrate schedule(s)   Use septrate schedule(s)   Use septrate schedule(s)   21 b	SC	CHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER:	:		PAGE	14	OF 27
Detailed Summary Page   27   28a   28b   28c   28   Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of abiliting 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) A. American Express  Mailing Address P.O. Box 63852  City State Zip Code Phoenix Az 85072-3852  Purpose of Disbursement Annex Fee	IT	EMIZED DISBURSEMENTS			(che	ck only	one)					
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 committee.  NAME OF COMMITTEE (in Ptul)  American Pharmacists Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address P.O. Box \$3852  City State Zip Code Phonoix AZ 85072-3852  Piurpose of Disbursement Amex Fee  Candidate Name  Office Sought: House Disbursement For:  Sonate Primary General  Other (specify) ▼  State Zip Code Phonoix State Disbursement  Amex Fee  Candidate Name  Other (specify) ▼  State Zip Code Phonoix AZ 85072-3852  Transaction ID : D162130  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : D162131  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : D162131  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : D162131  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : D162131  Amount of Each Disbursement this Perio  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  Other (specify) ▼  Transaction ID : D162131  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : D162131  Transaction ID : D162132  Transaction ID : D162132  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : D162132  Transaction ID : D162132  Transaction ID : D162132  Amount of Each Disbursement this Perio  Category/ Type  Office Sought: House Primary General  District Primary General  Other (specify) ▼  Transaction ID : D162132  Transactio									$\Box$	L		26
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)  A. American Express  Mailing Address P.O. Box 53852  City State Zip Code AZ 85072-3852  Purpose of Disbursement Amex Fee  Candidate Name  Office Sought: House Disbursement For: General Primary General Prima	_		<u> </u>									301
American Pharmacists Association Political Action Committee  Full Name (Last, First, Middle Initial)  A American Express  Mailing Address P.O. Box 53852  City State Zip Code B5072-3852  Purpose of Disbursement Amex Fee Candidate Name  Office Sought: House President Primary General Purpose of Disbursement Amex Fee Candidate Name  Category'  Transaction ID : D162132  Transaction ID : D162132  Amount of Each Disbursement  Category'  Transaction ID : D162132  Transaction ID : D162132  Amount of Each Disbursement  Category'  Transaction ID : D162132  Amount of Each Disbursement  Category'  Transaction ID : D162132  Amount of Each Disbursement  Category'  Transaction ID : D162132  Transaction ID : D162132  Amount of Each Disbursement  Category'  Transaction ID : D162132  Transaction ID : D162132  Date of Disbursement  Category'  Transaction ID : D162132  Transaction ID : D162132  Date of Disbursement  District:  City  Phoenix  President  District:  City		for commercial purposes, other than using the nam										
A. American Express  Mailing Address P.O. Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Amex Fee Candidate Name  Candidate Name  Disbursement For:  State: District:  Full Name (Last, First, Middle Initial)  B. American Express  Mailing Address P.O. Box 53852  City State: District:  Full Name (Last, First, Middle Initial)  Compose of Disbursement Amex Fee Candidate Name  Candidate Name  Compose of Disbursement Amex Fee Candidate Name  Compose		· · · ·										
A. American Express  Mailing Address P.O. Box 53852  City State Zip Code AZ 85072-3852  Purpose of Disbursement Amex Fee Candidate Name  Office Sought: President Distresement For: Senate President State: District: Propose of Disbursement Amex Fee Candidate Name  Candidate Name  Disbursement For: Senate President Ofther (specify) ▼  State Zip Code Primary General Primary General Propose of Disbursement For: Senate President Ofther (specify) ▼  Date of Disbursement This Perio Category/ Type  Transaction ID: D162130  Amount of Each Disbursement this Perio Category/ Type  Date of Disbursement Transaction ID: D162131  Amount of Each Disbursement  Transaction ID: D162131  Amount of Each Disbursement this Perio Category/ Type  Date of Disbursemen		American Pharmacists Association	Politica	I Action Cor	mmitte	е						
Mailing Address P.O. Box 53852   State		,										
City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Amex Fee	Α.	American Express						_			Y I Y	Y
Phoenix AZ 85072-3852 Purpose of Disbursement Amex Fee Candidate Name		Mailing Address P.O. Box 53852					07		14		2014	
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B. American Express  Mailing Address P.O. Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Amex Fee Candidate Name  Category/ Type  Office Sought: House President State: District:  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Hor: Gardidate Name  Category/ Type  Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement this Perion  Category/ Type  Date of Disbursement this Perion  Transaction ID: D162131  Amount of Each Disbursement this Perion  Other (specify) ▼  Date of Disbursement  Transaction ID: D162131  Date of Disbursement this Perion  Transaction ID: D162131  Date of Disbursement  Transaction ID: D162132  Amount of Each Disbursement Transaction ID: D162132  Date of Disbursement  Transaction ID: D162132  Amount of Each Disbursement this Perion  Category/ Type  12.60  Office Sought: House Primary General Other (specify) ▼  Substortal of Disbursement this Perion  Category/ Type  12.60  Substortal of Disbursement This Page (optional)		President	•									
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Mailing Address P.O. Box 53852  City State Zip Code Phoenix AZ 85072-3852  Purpose of Disbursement Amex Fee	٥.	American Express									V = 12	V
Phoenix AZ 85072-3852  Purpose of Disbursement Amex Fee		Mailing Address P.O. Box 53852						/ D				Y
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State: District:  SUBTOTAL of Disbursements This Page (optional)		Senate	Primary	General								
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TOTAL This Period (last page this line number only)	H						F	7	-	7	18	3.90

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SCHEDULE B (FEC Form 3X)		F05 : :::=	NUMBER: PAGE 15 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	TYOMBETT:
I EIVILED DISDURSEIVIEN IS	for each category of the	X 21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater	nents may not be sold or use	ed by any nerso	on for the nurpose of soliciting contributions
or for commercial purposes, other than using the nan	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Pharmacists Association	Political Action Con	nmittee	
/ / mencan i narmadicte / teocolation	1 Olliodi 7 Ollori Col		
Full Name (Last, First, Middle Initial)			
A. American Express			Date of Disbursement
·			M M / D D / Y Y Y Y
Mailing Address P.O. Box 53852			09 09 2014
City	State Zip Code		
Phoenix	AZ 85072-3852		Transaction ID: D162133
Purpose of Disbursement	7.2 03072 3032		
Amex Fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	15.75
Office Sought: House Disburser	nent For:	, , , , , , , , , , , , , , , , , , ,	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. American Express			Date of Disbursement
			M - M / D - D / Y - Y - Y
Mailing Address P.O. Box 53852			09 15 2014
City	State Zip Code		
Phoenix	AZ 85072-3852		Transaction ID : D162134
Purpose of Disbursement	000.2 0002		
Amex Fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1.58
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
C. American Express			Date of Disbursement
Mailian Address D.O. D. 50050			M M / D D / Y Y Y Y
Mailing Address P.O. Box 53852			09 25 2014
City	State Zip Code		
Phoenix	AZ 85072-3852		Transaction ID : D162135
Purpose of Disbursement			
Amex Fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/	4.70
		Type	4.73
Office Sought: House Disburser			
Senate	Primary General		
President District:	Other (specify) ▼		
State: District:			
			22.06
SUBTOTAL of Disbursements This Page (optional)		······	22.00
TOTAL This Period (last page this line number only)			

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	NAME OF COMMITTEE (In Full)													
	American Pharmacists Association	Politica	I Action Co	mmit	tee	!								
	Full Name (Last, First, Middle Initial)													
Α.	American Express						Date	of Di	sburse			Y Y	Υ	
	Mailing Address P.O. Box 53852						09	4	2	6	L	2014	Ш	
	City	State	Zip Code				Tran	eact	ion ID	۰ ۲۰	162136			
	Phoenix	AZ	85072-3852				IIaii	Saci	םו ווטו	. ບ	102130			
	Purpose of Disbursement Amex Fee			C	001	7	Amou	nt of	Each	Disl	ourseme	ent this	Perio	bc
	Candidate Name				egor ype	y/		Τ			40		3.15	П
	Office Sought: House Disbursen	nent For:	l		7100									
	Senate	Primary	General											
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_	Full Name (Last, First, Middle Initial)						Data	of Di	sburse	mar	nt			
υ.	Evalon Merchant Services						M			D		Y Y	V	
	Mailing Address 7300 Chapman Hwy						07			1	Ĺ	2014		
	City Knoxville	State TN	Zip Code 37920-6612				Tran	sact	ion ID	: D	162123			
	Purpose of Disbursement		37920-0012	_										
	Merchant Fees			(	001	ш	Amou	nt of	Each	Disl	ourseme	ent this	Perio	bc
	Candidate Name				egor	y/		T				9	4.11	
	Office Sought: House Disbursen	nent For:		•	урс				,		7			
		Primary	General											
	President	Other (spec	cify) 🔻											
	State: District:													
	Full Name (Last, First, Middle Initial)						D - 1 -	· ( D:	-1					
C.	Evalon Merchant Services							_	sburse					
	Mailing Address 7300 Chapman Hwy						08	VI /	0		/ Y	2014	Y	
	•	State	Zip Code				Tran	sact	ion ID	· D	162124			
		TN	37920-6612				IIai	isaci			102124			
	Purpose of Disbursement Merchant Fees				001					<b>.</b>				
	Candidate Name			Cat	egor	y/	Amou	nt of	Each	Disi	ourseme		Perio 0.64	oa
	Office Cought: House Did	nont Fa		Т	ype			-	7	-	7	-	0.04	
	Office Sought: House Disbursen Senate	nent For: Primary	General											
		Other (spe												
	State: District:	(Spo	- 3/ ▼											
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 17 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	` <b>X</b> 21b	22 23 24 25 26
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or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	D !''   A ''   O	***	
American Pharmacists Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
A. Evalon Merchant Services			Date of Disbursement
			M M / D D / Y M Y M Y
Mailing Address 7300 Chapman Hwy			09 02 2014
City	State Zip Code		
Knoxville	TN 37920-6612		Transaction ID : D162125
Purpose of Disbursement			
Merchant Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/	90.62
Office Sought: House Disburser	nent For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Wells Fargo			Date of Disbursement
Mailing Address 1753 Pinnacle Drive			07 11 2014
3rd floor			0
•	State Zip Code		Transaction ID : D162173
Mc Lean Purpose of Disbursement	VA 22102		
Bank Service Charge		001	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	21.25
Office Sought: House Disburser			
Senate President	Other (appoint) — General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Wells Fargo			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1753 Pinnacle Drive  3rd floor			08 11 2014
	State Zip Code		
Mc Lean	VA 22102		Transaction ID: D162174
Purpose of Disbursement Bank Service Charge		Too!	
Candidate Name		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	10.20
Office Sought: House Disburser	nent For:	.,,,,	7
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
CURTOTAL of Bishumanus and This Base (a. ii i)			122.07
SUBTOTAL of Disbursements This Page (optional)		·····•	122.01
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 18 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	X 21b	22 23 24 25 2
	1, 1	27	28a 28b 28c 29 3
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
1 1 1 1	ie and address of any politica	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Pharmacists Association	Political Action Com	mittoo	
American Friannacists Association	Political Action Com	millee	
Full Name (Last, First, Middle Initial)			
<sup>A.</sup> Wells Fargo			Date of Disbursement
Mailing Address 1753 Pinnacle Drive			09 11 2014
3rd floor			03 11 2014
City	State Zip Code		Transaction ID : D162175
Mc Lean	VA 22102		Transaction ID . D102173
Purpose of Disbursement Bank Service Charge		001	Amount of Each Disbursement this Period
Candidate Name			7 tillodik ör Edon Biobarooment and Feried
		Category/ Type	7.37
Office Sought: House Disburser			
Senate   President	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
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Mailing Address			
City	State Zip Code		
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Purpose of Disbursement	1		Assessment of Foods Dichardsonness their Deviced
Candidate Name	I		Amount of Each Disbursement this Period
Carladate Hamb		Category/ Type	
Office Sought: House Disburser	nent For:	71	, ,
Senate	Primary General		
President President	Other (specify) ▼		
State: District:  Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Purpose of Disbursement			Assessed of Early Dishussessed this David
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	
Office Sought: House Disburser			
Senate   President	Primary General		
State: District:	Other (specify) ▼		
District.			
SUBTOTAL of Disbursements This Page (optional)			7.37
TOTAL This Period (last page this line number only)			358.30

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or for commercial purposes, other than using the name	e and addi	ress of any polition	cal committee to	solicit cor	ntributions	from such	committe	ee.
NAME OF COMMITTEE (In Full)	<b>D</b>		***					
American Pharmacists Association	Politica	II Action Co	mmittee					
Full Name (Last, First, Middle Initial)								
A. Buddy Carter for Congress					Disburser			V
Mailing Address P.O. Box 10570				09	11		2014	Y
	State	Zip Code		Trans	action ID	: D161422		
Savannah Purpose of Disbursement	GA	31412		114115	action iD	. 5101422		
Campaign Contribution			011	Amount	of Each I	Disburseme	nt this P	eriod
Candidate Name			Category/	-			2500	00
Earl Leroy Carter			Туре		-		2500.	JUU
	nent For: 2 Primary	2014 General						
	Other (spe							
State: GA District: 01	2.1.01 (ope	,, ▼						
Full Name (Last, First, Middle Initial)								
Buddy Carter for Congress				Date of	Disburser		Y	Y
Mailing Address P.O. Box 10570				07	18		2014	
•	State	Zip Code		Trans	action ID	: D162137		
Savannah Purpose of Disbursement	GA	31412						
Campaign Contribution			011	Amount	of Each I	Disburseme	nt this P	eriod
Candidate Name			Category/				5000	00
Earl Leroy Carter			Туре				5000	.00
Senate President	nent For: ; Primary Other (spec	General cify) ▼						
State: GA District: 01  Full Name (Last, First, Middle Initial)		Runoff						
ANNA ESHOO FOR CONGRESS				Date of	Disburser		YYY	V
Mailing Address 555 Capitol Mall, Suite 1425				07	24		2014	
•	State	Zip Code		Trans	action ID	: D160033		
Sacramento Purpose of Disbursement	CA	95814						
Campaign Contribution			011	Amount	of Each I	Disburseme	nt this P	eriod
Candidate Name			Category/				1000	00
Rep. Anna G. Eshoo			Type				1000.	.00
Senate President	nent For: 2 Primary Other (spe	X General						
State: CA District: 14								
SUBTOTAL of Disbursements This Page (optional)			·····		. ,		8500.	00
TOTAL This Period (last page this line number only).								

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 20 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	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 Com	nmittee	
Full Name (Last, First, Middle Initial)			
A. PEOPLE FOR BEN			Date of Disbursement
Mailing Address PO BOX 31129			07 01 2014
City	State Zip Code		Transaction ID - D450200
SANTA FE	NM 87594		Transaction ID : D159399
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Ben Ray Lujan		Type	1000.00
	nent For: 2014		
Senate President	Primary		
State: NM District: 03	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. PASCRELL FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 100			07 30 2014
City	State Zip Code		Transaction ID : D160038
Teaneck	NJ 07666-0100		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Feriod
Rep. Bill Pascrell Jr.		Category/ Type	1000.00
•	nent For: 2014	.,,,,,	,
Senate	Primary General		
President	Other (specify) ▼		
State: NJ District: 09			
Full Name (Last, First, Middle Initial)			
C. GUTHRIE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 9639			09 09 2014
Maining Address 1 O BOX 9039			00 00 2011
City	State Zip Code		Transaction ID : D161397
BOWLING GREEN	KY 42102		Transaction ib . b 101007
Purpose of Disbursement Campaign Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
Rep. Brett Guthrie		Category/ Type	2000.00
	nent For: 2014	71	
Senate	Primary General		
President	Other (specify)		
	(op)/ <b>▼</b>		
State: KY District: 02	<b></b>		
			4000.00
State: KY District: 02  SUBTOTAL of Disbursements This Page (optional)		·····•	4000.00
			4000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 📗 25 📉 26
	stance cummary rage	27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	ime and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	. Dalitiaal Aatiaa Oa		
American Pharmacists Associatio	n Political Action Co	mmittee	
Full Name (Last, First, Middle Initial)			
A. CATHY MCMORRIS RODGERS	FOR CONGRESS		Date of Disbursement
<del></del>			M M / D D / Y Y Y Y
Mailing Address Box 137			07 22 2014
City	State Zip Code		
Spokane	WA 99210		Transaction ID : D160018
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Cathy McMorris Rodgers		Category/	1000.00
	ement For: 2014	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: WA District: 05			
Full Name (Last, First, Middle Initial)			D (D)
B. DEVIN NUNES CAMPAIGN CON	IMILIEE		Date of Disbursement
Mailing Address PO BOX 6545			07 23 2014
Maining Addition 1 O BOX 0040			0. 20 20.1
City	State Zip Code		Transaction ID : D160031
VISALIA Purpose of Disbursement	CA 93290		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Rep. Devin Nunes		Category/ Type	1000.00
Office Sought: House Disburs	ement For: 2014		
Senate	Primary General		
President State: CA District: 22	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. WHITFIELD FOR CONGRESS C	OMMITTEE		Date of Disbursement
WHITH ILLE I ON CONCRECE C	OWNWITTEL		M M / D D / Y Y Y Y
Mailing Address P.O. BOX 391			07 30 2014
011	7: 0 1		
City HOPKINSVILLE	State Zip Code KY 42241		Transaction ID : D160039
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Edward Whitfield		Type	1000.00
Office Sought: House Disburs Senate	ement For: 2014 Primary General		
President	Other (specify)		
State: KY District: 01			
SUBTOTAL of Disbursements This Page (optional)			3000.00
TOTAL This Period (last page this line number onl	y)		

SC	CHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER	:	PAGE 22	OF 27
ITI	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check on	lly one)			
			Summary Page	216		X 23	24 25	26
<u> </u>				27	28a	28b	28c 29	30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam							
$\overline{}$	NAME OF COMMITTEE (In Full)		2.000 of any point				00011 0011111111	
$ \rangle$	American Pharmacists Association	Politica	al Action Cor	nmittee				
_	Full Name (Last, First, Middle Initial)				_			
A.	ENGEL FOR CONGRESS				Date of	f Disbursen	nent	
	Mailing Address 462 CALIFORNIA ROAD					29		Y
	Mailing Address 402 CALIFORNIA ROAD				07	29	2014	_
	City	State	Zip Code		<b>T</b>	nastien ID	D460025	
	BRONXVILLE	NY	10708		Iran	saction ID :	160035	
	Purpose of Disbursement Campaign Contribution			044	A		Nahama and and the	Davis d
	Candidate Name			011	Amour	it of Each D	Disbursement this	Period
	Rep. Eliot L. Engel			Category/ Type			1000	0.00
	Office Sought:  House Disbursen	nent For:	2014	туре	-	7	7	
		Primary	General					
	President	Other (spe	ecify) 🔻					
	State: NY District: 16							
	Full Name (Last, First, Middle Initial)							
B.	BUTTERFIELD FOR CONGRESS				Date of	f Disbursen	nent	
	Mailing Address PO BOX 2571				07	23		Y
	Maining Address PO BOX 25/1				07	23	2014	
	City	State	Zip Code		Tran	saction ID :	D160026	
	WILSON	NC	27894		lian	3a611011 ID :	D 100020	
	Purpose of Disbursement Campaign Contribution			011	Amour	it of Each F	Disbursement this	Pariod
	Candidate Name				Amour	it Of Lacif L	vishurserrierit tills	i enou
	Rep. G.K. Butterfield			Category/ Type			250	0.00
	Office Sought:  House Disbursen	nent For:	2014	715-5				
	Senate	Primary	X General					
		Other (spe	ecify) 🔻					
	State: NC District: 01							
	Full Name (Last, First, Middle Initial)	0.4.4.	241011		D-4-	f Diak		
U.	GENE GREEN CONGRESSIONAL	CAME	PAIGN			f Disbursen		
	Mailing Address PO BOX 16128				07	01	2014	Y
	•	State	Zip Code		Tran	saction ID :	D159382	
	HOUSTON Purpose of Disbursement	TX	77222					
	Campaign Contribution			011	A	4 of E1- 5	Noburo and at the	Dowler
	Candidate Name				Amour	ιι οτ ⊨ach L	Disbursement this	Period
	Rep. Gene Green			Category/ Type			1000	0.00
	Office Sought: House Disbursen	nent For:	2014		1	7		
	Senate	Primary	<b>X</b> General					
		Other (spe	ecify) 🔻					
_	State: TX District: 29							
_ ا							4500	0.00
Ls	UBTOTAL of Disbursements This Page (optional)			<u> </u>			4300	
T	OTAL This Period (last page this line number only)							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 23 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
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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 Co	mmittee	
Full Name (Last, First, Middle Initial)			
A. BILIRAKIS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 606			07 01 2014
City	State Zip Code		T ID D450000
TARPON SPRINGS	FL 34688		Transaction ID: D159388
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Gus Bilirakis		Type	1000.00
Senate President	ement For: 2014 Primary General Other (specify)		
State: FL District: 12			
Full Name (Last, First, Middle Initial)  B. FRIENDS OF JOE PITTS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 775			07 23 2014
City Unionville	State Zip Code PA 19375		Transaction ID : D160024
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Joe Pitts		Туре	1000.00
Office Sought:    House   Disburse   Senate   President     State: PA District: 16	ement For: 2014 Primary ☐ General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. MORGAN GRIFFITH FOR CONG	RESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 361			07 01 2014
City CHRISTIANSBURG	State Zip Code VA 24068		Transaction ID : D159377
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each dispursement this Period
Rep. Morgan Griffith		Category/ Type	1000.00
Office Sought:    House   Disburse	ement For: 2014 Primary General Other (specify)		
State: VA District: 09			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	3000.00
TOTAL This Period (last page this line number onl	y)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(s) check only	
	Detailed Summary Pag	ae 📗 🖂 🖂	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stator for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Pharmacists Association	on Political Action C	Committee	
Full Name (Last, First, Middle Initial)			
A. RYAN FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 1488			07 23 2014
City	State Zip Code		Transaction ID - D160028
JANESVILLE	WI 53547		Transaction ID : D160028
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Paul D. Ryan		Туре	1000.00
Office Sought: House Disburs	sement For: 2014  Primary Genera		
President	Other (specify)	ai	
State: WI District: 01	Carior (opcomy)		
Full Name (Last, First, Middle Initial)			
B. ROSKAM FOR CONGRESS CO	MMITTEE		Date of Disbursement
Mailing Address P. O. BOX 713			07 23 2014
City WHEATON	State Zip Code IL 60187		Transaction ID : D160030
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Campaign Contribution  Candidate Name		Category/	
Campaign Contribution  Candidate Name  Rep. Peter Roskam			Amount of Each Disbursement this Period 1000.00
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought: House Disburs	sement For: 2014	Category/ Type	
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:    House   Disburs	Primary X Genera	Category/ Type	
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought: House Disburs		Category/ Type	
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:    House   Disburse   Senate   President	Primary X Genera	Category/ Type	
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  House Senate President  State: IL District: 06	Primary	Category/ Type	
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  Senate President  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR	Primary	Category/ Type	Date of Disbursement
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought: House Senate President  State: IL District: 06  Full Name (Last, First, Middle Initial)	Primary	Category/ Type	Date of Disbursement
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567	Primary	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH	Primary	Category/ Type	Date of Disbursement
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement	Primary	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought: House Senate President  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement Campaign Contribution	Primary	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought: House Senate President  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement Campaign Contribution  Candidate Name	Primary	Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Renee Ellmers	Primary	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Renee Ellmers	Primary	Category/ Type  al  O11  Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Renee Ellmers  Office Sought: House Disburs	Primary	Category/ Type  al  O11  Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  State: IL  District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Renee Ellmers  Office Sought:  House Senate  Disburs	Primary	Category/ Type  al  O11  Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  House Senate President State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City RALEIGH Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Renee Ellmers  Office Sought:  House Senate President  State: NC District: 02	Primary	Category/ Type  al  O11  Category/ Type  al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  Separate President  State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City  RALEIGH  Purpose of Disbursement  Campaign Contribution  Candidate Name  Rep. Renee Ellmers  Office Sought:  House Senate President	Primary	Category/ Type  al  O11  Category/ Type  al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Campaign Contribution  Candidate Name  Rep. Peter Roskam  Office Sought:  House Senate President State: IL District: 06  Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGR  Mailing Address PO BOX 99567  City RALEIGH Purpose of Disbursement Campaign Contribution  Candidate Name  Rep. Renee Ellmers  Office Sought:  House Senate President  State: NC District: 02	Primary General Other (specify)   RESS COMMITTEE  State Zip Code NC 27624  Seement For: 2014 Primary General Other (specify)  Other (specify)   Other (specify)	Category/ Type  al  O11  Category/ Type  al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 25 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)	
	Detailed Summary Page	21b		24 25 26 28c 29 30b
[	<u> </u>	27		
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Pharmacists Association	Political Action Cor	nmittee		
Full Name (Last, First, Middle Initial)			5	
A. RON BARBER FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 57715			09 26 2014	
City	State Zip Code		: ID D46	
TUCSON	AZ 85732		Transaction ID : D16	51451
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbu	ursement this Period
Candidate Name		Category/		1000.00
Rep. Ron Barber	1.5	Type		1000.00
Office Sought:    House   Disburse	ment For: 2014 Primary ☐ General Other (specify) ▼			
State: AZ District: 02				
Full Name (Last, First, Middle Initial)				
B. KIND FOR CONGRESS COMMITTEE			Date of Disbursement	Y
Mailing Address 205 5th Avenue South			07 01	2014
La Crosse	State Zip Code WI 54601		Transaction ID : D15	59376
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbu	ursement this Period
Candidate Name		Category/		1000.00
Rep. Ron Kind		Type		1000.00
	ment For: 2014 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. SCALISE FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 23219			07 10	2014
City JEFFERSON	State Zip Code LA 70183		Transaction ID : D15	59471
Purpose of Disbursement Campaign Contribution		011	Amount of Fook Bish	on and their David
Candidate Name			Amount of Each Disbu	irsement this Period
Rep. Steve Scalise		Category/ Type		1000.00
	ment For: 2014 Primary			,
State: LA District: 01				
SUBTOTAL of Disbursements This Page (optional)				3000.00
TOTAL This Period (last page this line number only	)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF 27		
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	TYOMBET.		
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 📗 25 🖂 26		
		27	28a 28b 28c 29 30b		
Any information copied from such Reports and State	,	, , ,	1 1		
or for commercial purposes, other than using the na	ine and address of any point	icai committee to	Solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)  American Pharmacists Associatio	n Dolitical Action Co	mmittaa			
American Friannacists Associatio	II FUIILICAI ACLIUII CU	mmuee			
Full Name (Last, First, Middle Initial)					
A. FRIENDS OF TODD YOUNG, INC.			Date of Disbursement		
Mailing Address DO DOV 4050			M M / D D / Y Y Y Y Y		
Mailing Address PO BOX 1053			09 10 2014		
City	State Zip Code		Transaction ID - D404400		
BLOOMINGTON	IN 47402		Transaction ID : D161402		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period		
Candidate Name			Amount of Lacif Dispulsement this Period		
Rep. Todd Young		Category/ Type	2500.00		
	ement For: 2014	31	, ,		
Senate	Primary Seneral				
President	Other (specify)				
State: IN District: 09					
Full Name (Last, First, Middle Initial)  B. TOM REED FOR CONGRESS			Date of Disbursement		
- TOWNELD FOR CONCRESS			M M / D D / Y Y Y Y		
Mailing Address PO BOX 10847			09 17 2014		
City ROCHESTER	State Zip Code NY 14610		Transaction ID : D161424		
Purpose of Disbursement	14010				
Campaign Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Rep. Tom Reed  Office Sought:	ement For: 2014	Type	1000.00		
Office Sought: House Disburse Senate	Primary Seneral				
President	Other (specify)				
State: NY District: 23					
Full Name (Last, First, Middle Initial)					
C. BECERRA FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. Box 261060			07 23 2014		
Mailing Address F.O. Box 201000			20 2014		
City	State Zip Code		Transaction ID : D160025		
Los Angeles Purpose of Disbursement	CA 90026		Transaction is . 5100020		
Campaign Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Rep. Xavier Becerra		Type	1000.00		
	ement For: 2014		,		
Senate	Primary General				
State: CA District: 31	Other (specify) ▼				
State. Of District. 31					
SUBTOTAL of Disbursements This Page (optional)			4500.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 27	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check o		NOMBER:	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26	
	_ states carrinary rago	27	28a 28b 28c 29 30l	
Any information copied from such Reports and Stater				
or for commercial purposes, other than using the nan	ne and address of any politica	I committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	5 III			
American Pharmacists Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. HAGAN FOR US SENATE INC			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 29103			07 23 2014	
City	State Zip Code			
GREENSBORO	NC 27429		Transaction ID : D160027	
Purpose of Disbursement				
Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name	,	Category/	1000.00	
Sen. Kay R. Hagan		Type	1000.00	
	nent For: 2014			
Senate President	Primary			
State: NC District: 00	Other (specify)			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
0::				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type		
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	other (specify)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
Cit.	State Zin Code			
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name Category/				
		Туре	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Office Sought: House Disburser				
Senate   President	Other (specify) —			
State: District:	Other (specify) ▼			
2.0				
SUBTOTAL of Disbursements This Page (optional)			1000.00	
The state of the s				
TOTAL This Period (last page this line number only)			34500.00	