

**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
REPORT☒NEW
(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

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

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 Mr. Joe Janela

Signature of Treasurer

Mr. Joe Janela

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2014

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 / 2014 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

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
07 / 01 / 2014

To:

M M / D D / Y Y Y Y
09 / 30 / 2014
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).....

3865.00

16980.68

(ii) Unitemized

8027.03

28645.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11892.03

45626.52

(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)

11892.03

45626.52

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))..... ▶

11892.03

45626.52

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11892.03

45626.52

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	358.30	1170.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	358.30	1170.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	50500.00
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)) ..	34858.30	51670.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34858.30	51670.02

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

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 27

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lauren E. Bode

Mailing Address 824 Watson St

City

Memphis

State

TN

Zip Code

38111

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Health Science

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1339.72

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2014

Transaction ID : C2826625

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Starlin Haydon-Greatting

Mailing Address 3601 Melissa Drive

City

Springfield

State

IL

Zip Code

62711-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

IPhA-PSMP

Occupation

Pharmacist Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2014

Transaction ID : C2851673

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Starlin Haydon-Greatting

Mailing Address 3601 Melissa Drive

City

Springfield

State

IL

Zip Code

62711-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

IPhA-PSMP

Occupation

Pharmacist Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2014

Transaction ID : C2817967

Amount of Each Receipt this Period

50.00

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

360.00

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 7 OF 27
(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. Starlin Haydon-Greatting

Mailing Address 3601 Melissa Drive

City

Springfield

State

IL

Zip Code

62711-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

IPhA-PSMP

Occupation

Pharmacist Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : C2851687

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Maclay Hoyne

Mailing Address 7990 E Snyder Rd
NULL

City

Tucson

State

AZ

Zip Code

85750-9053

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Medical Center

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : C2826560

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Kudryashov

Mailing Address 9961 Cedar St

City

Bellflower

State

CA

Zip Code

90706-6909

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Southern California Scho

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : C2826587

Amount of Each Receipt this Period

250.00

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

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

1050.00

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

PAGE 8 OF 27

<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. Thomas E. Menighan

Mailing Address 7011 Clinton Ct

NULL

City

Annapolis

State

MD

Zip Code

21403-7602

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 ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : C2826488

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas E. Menighan

Mailing Address 7011 Clinton Ct

NULL

City

Annapolis

State

MD

Zip Code

21403-7602

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 ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : C2826489

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Thomas E. Menighan

Mailing Address 7011 Clinton Ct

NULL

City

Annapolis

State

MD

Zip Code

21403-7602

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 ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : C2851684

Amount of Each Receipt this Period

200.00

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

410.00

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 27

(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. Thomas E. Menighan

Mailing Address 7011 Clinton Ct

NULL

City

Annapolis

State

MD

Zip Code

21403-7602

FEC ID number of contributing
federal political committee.

C

Name of Employer

APhA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014

Transaction ID : C2851685

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas E. Menighan

Mailing Address 7011 Clinton Ct

NULL

City

Annapolis

State

MD

Zip Code

21403-7602

FEC ID number of contributing
federal political committee.

C

Name of Employer

APhA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : C2851723

Amount of Each Receipt this Period

-50.00

Full Name (Last, First, Middle Initial)

C. Michael A. Mone

Mailing Address 4909 Scenic Creek Dr

NULL

City

Powell

State

OH

Zip Code

43065-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

VP Anti-Diversion

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : C2851672

Amount of Each Receipt this Period

300.00

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

300.00

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:
(check only one)

PAGE 10 OF 27

☒ 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 A. Mone

Mailing Address 4909 Scenic Creek Dr

NULL

City

Powell

State

OH

Zip Code

43065-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

VP Anti-Diversion

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

830.00

Date of Receipt

09 / 29 / 2014

Transaction ID : C2851686

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Thomas O. Munyer

Mailing Address PO Box 100486

NULL

City

Gainesville

State

FL

Zip Code

32610-0486

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida Gainesville.

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

07 / 19 / 2014

Transaction ID : C2826565

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Marilyn Osterhaus

Mailing Address 918 W Platt St, #2

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 26 / 2014

Transaction ID : C2789876

Amount of Each Receipt this Period

50.00

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

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

380.00

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 11 OF 27

☒ 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, #2

City

Maquoketa

State

IA

Zip Code

52060-2038

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 ▼

450.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813035

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Marilyn Osterhaus

Mailing Address 918 W Platt St, #2

City

Maquoketa

State

IA

Zip Code

52060-2038

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 ▼

450.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2832408

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Matthew Osterhaus

Mailing Address 918 W. Platt St
Suite 2

City

Maquoketa

State

IA

Zip Code

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 ▼

550.00

Date of Receipt

07 / 26 / 2014

Transaction ID : C2789875

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 12 OF 27

(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. 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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2014

Transaction ID : C2813034

Amount of Each Receipt this Period

50.00

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : C2832407

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Robert J. Osterhaus

Mailing Address 216 Austin Avenue

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 Y
09 / 07 / 2014

Transaction ID : C2819687

Amount of Each Receipt this Period

500.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 13 OF 27

(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. L Michael Posey

Mailing Address 850 Saint Ives Ln

City

Athens

State

GA

Zip Code

30606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Pharmacists Association

Occupation

Pharmacist-editor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : C2817961

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anthony T. PudloMailing Address Iowa Pharmacy Association
8515 Douglas Avenue

City

Des Moines

State

IA

Zip Code

50322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Vice President of Professional Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

642.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2014

Transaction ID : C2845657

Amount of Each Receipt this Period

365.00

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)..... ►

615.00

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

3865.00

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

PAGE 14 OF 27

☒ 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. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fee

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 14 2014

Transaction ID : D162130

Amount of Each Disbursement this Period

3.15

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fee

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 21 2014

Transaction ID : D162131

Amount of Each Disbursement this Period

3.15

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fee

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 08 2014

Transaction ID : D162132

Amount of Each Disbursement this Period

12.60

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

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

18.90

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

PAGE 15 OF 27

☒ 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. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fee

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2014
Transaction ID : D162133

Amount of Each Disbursement this Period

15.75

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fee

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014
Transaction ID : D162134

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fee

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2014
Transaction ID : D162135

Amount of Each Disbursement this Period

4.73

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

22.06

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

PAGE 16 OF 27

☒ 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. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fee

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
09 / 26 / 2014

Transaction ID : D162136

Amount of Each Disbursement this Period

3.15

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
Merchant Fees

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
07 / 01 / 2014

Transaction ID : D162123

Amount of Each Disbursement this Period

94.11

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
Merchant Fees

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
08 / 01 / 2014

Transaction ID : D162124

Amount of Each Disbursement this Period

90.64

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

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

187.90

<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

American Pharmacists Association Political Action Committee

A. Evalon Merchant Services

Mailing Address 7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920-6612

Purpose of Disbursement	Merchant Fees

Candidate Name

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

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

Date of Disbursement

Transaction ID : D162125

Amount of Each Disbursement this Period

90.62

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 1753 Pinnacle Drive
3rd floor

City	State	Zip Code
Mc Lean	VA	22102

Purpose of Disbursement	Bank Service Charge

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 11 / 2014

Transaction ID : D162173

Amount of Each Disbursement this Period

21.25

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 1753 Pinnacle Drive
3rd floor

City	State	Zip Code
Mc Lean	VA	22102

Purpose of Disbursement	Bank Service Charge

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D162174

Amount of Each Disbursement this Period

10.20

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

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

122.07

<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

American Pharmacists Association Political Action Committee

Category/
Type

State: District:

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

358.30

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

American Pharmacists Association Political Action Committee

01.

2500.00

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

MM / DD / YYYY

01

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

Runoff

01.

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

8500.00

**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 20 OF 27

<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. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Ben Ray Lujan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NM	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : D159399

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address PO Box 100

City	State	Zip Code
Teaneck	NJ	07666-0100

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 09

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : D160038

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Brett Guthrie

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : D161397

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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

PAGE 21 OF 27

<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
07		22		2014

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Transaction ID : D160018Purpose of Disbursement
Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Cathy McMorris RodgersCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA	District: 05	

1000.00

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Mailing Address PO BOX 6545

City	State	Zip Code
VISALIA	CA	93290

Transaction ID : D160031Purpose of Disbursement
Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Devin NunesCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 22	

1000.00

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Transaction ID : D160039Purpose of Disbursement
Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Edward WhitfieldCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 01	

1000.00

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

3000.00

**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 22 OF 27

<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. ENGEL FOR CONGRESS

Mailing Address 462 CALIFORNIA ROAD

City BRONXVILLE	State NY	Zip Code 10708
--------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Eliot L. EngelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Transaction ID : D160035

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BUTTERFIELD FOR CONGRESS

Mailing Address PO BOX 2571

City WILSON	State NC	Zip Code 27894
----------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. G.K. ButterfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : D160026

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON	State TX	Zip Code 77222
-----------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Gene GreenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : D159382

Amount of Each Disbursement this Period

1000.00

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

4500.00

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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 23 OF 27

<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. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS	State FL	Zip Code 34688
------------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Gus BilirakisOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : D159388

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville	State PA	Zip Code 19375
--------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Joe PittsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : D160024

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City CHRISTIANSBURG	State VA	Zip Code 24068
------------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Morgan GriffithOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : D159377

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

American Pharmacists Association Political Action Committee

A. RYAN FOR CONGRESS

Date of Disbursement

Transaction ID : D160028

011

Category/
Type

Rep. Paul D. Ryan

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Amount of Each Disbursement this Period

1000.00

B. ROSKAM FOR CONGRESS COMMITTEE

Date of Disbursement

MM / DD / YYYY

Transaction ID : D160030

011

Category/
Type

Rep. Peter Roskam

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 06

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement



Transaction ID : D159470

011

Category/
Type

Rep. Renee Ellmers

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 02

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

American Pharmacists Association Political Action Committee

A. RON BARBER FOR CONGRESS

Date of Disbursement



Transaction ID : D161451

011

Amount of Each Disbursement this Period

Category/
Type

Rep. Ron Barber

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			

State: AZ District: 02

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Date of Disbursement

07 / 01 / 2014

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

Transaction ID : D159376

Purpose of Disbursement	Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Rep. Ron Kind

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼

State: WI District: 03

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Date of Disbursement

Mailing Address PO BOX 23219

City	State	Zip Code
JEFFERSON	LA	70183

Transaction ID : D159471

Purpose of Disbursement	Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Rep. Steve Scalise

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼

State: LA District: 01

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

3000.00

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

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

PAGE 26 OF 27

<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. FRIENDS OF TODD YOUNG, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Mailing Address PO BOX 1053

City	State	Zip Code
BLOOMINGTON	IN	47402

Transaction ID : D161402Purpose of Disbursement
Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Todd YoungCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 09

2500.00

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Mailing Address PO BOX 10847

City	State	Zip Code
ROCHESTER	NY	14610

Transaction ID : D161424Purpose of Disbursement
Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Tom ReedCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 23

1000.00

Full Name (Last, First, Middle Initial)

C. BECERRA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Transaction ID : D160025Purpose of Disbursement
Campaign Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Xavier BecerraCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 31

1000.00

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

4500.00

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

American Pharmacists Association Political Action Committee

A. HAGAN FOR US SENATE INC

Date of Disbursement

07 / 23 / 2014

Transaction ID : D160027

011

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

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

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

1000.00

34500.00