

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2009 MAY 7 A 11:44  
Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

American Society of Health System Pharmacist - PAC

ADDRESS (number and street) 7272 Wisconsin Avenue

Check if different than previously reported. (ACC)

Bethesda MD 20814

2. FEC IDENTIFICATION NUMBER **C00245530**

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 Quarterly 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)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12G)

Election on [ ] [ ] [ ] in the State of [ ]

(d) 30-Day Post-Election Report for the:

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

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period **11 25 2008** through **12 31 2008**

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 Paul W. Abramowitz

Signature of Treasurer Electronically Filed by Paul W. Abramowitz Date **03 18 2009**

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

29030084308

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Society of Health System Pharmacist - PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	W	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	W	Y
2	0	0	8

29030084309

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>W</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	W	Y	2	0	0	8		16613.97
Y	Y	W	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	9688.97									
(c) Total Receipts (from Line 19) .....	8560.00	29635.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18248.97	46248.97								
7. Total Disbursements (from Line 31) .....	5000.00	33000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13248.97	13248.97								
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 Society of Health System Pharmacist - PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	W	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

29030084310

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) .....	7010.00	19735.00
(ii) Unitemized .....	1550.00	9900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8560.00	29635.00
(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) .....	8560.00	29635.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
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 Transfer (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)) .....	8560.00	29635.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8560.00	29635.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	33000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	5000.00	33000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	33000.00

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**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 .....	8560.00	29635.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8560.00	29635.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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29030084312

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

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)

Paul W. Abramowitz

Mailing Address 385 Knowing Drive

City

Coralville

State

VA

Zip Code

52241-3350

FEC ID number of contributing federal political committee.

C

Name of Employer  
Univ. of Iowa Hosp. & Clinics

Occupation

Director, Deptl. of Pharmaceutical Car

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 05 / 2008

Transaction ID: SA11A1.6630

Amount of Each Receipt this Period

250.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Paul W. Abramowitz

Mailing Address 385 Knowing Drive

City

Coralville

State

VA

Zip Code

52241-3350

FEC ID number of contributing federal political committee.

C

Name of Employer  
Univ. of Iowa Hosp. & Clinics

Occupation

Director, Deptl. of Pharmaceutical Car

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 26 / 2008

Transaction ID: SA11A1.6619

Amount of Each Receipt this Period

100.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)

Ernest Anderson

Mailing Address 489 Copeland St

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lahey Clinic

Occupation

Pharmacist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 16 / 2008

Transaction ID: SA11A1.6599

Amount of Each Receipt this Period

250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

29030084313

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

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

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

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NAME OF COMMITTEE (In Full)  
American Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)

John Armitstead

Mailing Address 101 Foxborough Ct.

City

Nicholasville

State

KY

Zip Code

40356

FEC ID number of contributing federal political committee.

C

Name of Employer  
University of Kentucky

Occupation

Director of Pharmacy

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 16 / 2008

Transaction ID: SA11AI.6603

Amount of Each Receipt this Period

250.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Brad Blackwell

Mailing Address 400 Beale Street, #1101

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pyxis Corporation

Occupation

Pharmacy Consultant

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 24 / 2008

Transaction ID: SA11AI.6610

Amount of Each Receipt this Period

100.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Cynthia Brennan

Mailing Address 16720 15th Avenue, N.W.

City

Shoreline

State

WA

Zip Code

98177

FEC ID number of contributing federal political committee.

C

Name of Employer  
Harborview Medical Center

Occupation

Asst. Director, Pharmacy

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 26 / 2008

Transaction ID: SA11AI.6633

Amount of Each Receipt this Period

250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

29030084314

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

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

FOR LINE NUMBER: PAGE 8 / 17  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)  
Victoria Ferraresi

Mailing Address 2308 Ciprani Boulevard

City Belmont State CA Zip Code 94002

FEC ID number of contributing federal political committee. **C**

Name of Employer Pathways Home Health And Hospi Occupation Pharmacists

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 300.00

Date of Receipt 12 / 04 / 2008

Transaction ID: SA11AI.6635

Amount of Each Receipt this Period 300.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)  
Carla B. Frye

Mailing Address 11496 Woodview East Drive

City Carmel State IN Zip Code 46032-3425

FEC ID number of contributing federal political committee. **C**

Name of Employer Lily Research Laboratories Occupation Pharmacist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 250.00

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.6607

Amount of Each Receipt this Period 250.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)  
Lisa Gersema

Mailing Address 7347 Bornas Ave

City Inver Grove Height State MN Zip Code 55076

FEC ID number of contributing federal political committee. **C**

Name of Employer United Hospital Occupation pharmacists

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 600.00

Date of Receipt 12 / 23 / 2008

Transaction ID: SA11AI.6602

Amount of Each Receipt this Period 500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

29030084315

**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 9 / 17
	<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 Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)  
Teresa J. Hudson

Mailing Address 3108 Millbrook Road

City State Zip Code  
Little Rock AR 72227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of AR Med. Center Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2008

Transaction ID: SA11A1.6576

Amount of Each Receipt this Period  
250.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)  
Melissa Hulse

Mailing Address 1651 Aspen Road

City State Zip Code  
Bennington KS 67422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2008

Transaction ID: SA11A1.6606

Amount of Each Receipt this Period  
250.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)  
Marianne Ivey

Mailing Address 2187 Grandin

City State Zip Code  
Cincinnati OH 45208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Health Alliance Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2008

Transaction ID: SA11A1.6631

Amount of Each Receipt this Period  
250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) .....	750.00
TOTAL This Period (last page this line number only) .....	

29030084316

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

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

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

<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 Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Johnson

Mailing Address 26780 Country Acre Dr

City

Sioux Falls

State

SD

Zip Code

57106

FEC ID number of contributing federal political committee.

C

Name of Employer  
SD State University

Occupation  
Pharmacists

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
12 / 23 / 2008

Transaction ID: SA11A1.6601

Amount of Each Receipt this Period

250.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Nancy A. Konieczny

Mailing Address 5771 Hoffman Ford Ct.

City

Weldon Spring

State

MO

Zip Code

63304-9114

FEC ID number of contributing federal political committee.

C

Name of Employer  
Christian Hospital

Occupation  
Pharmacy Director

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2008

Transaction ID: SA11A1.6613

Amount of Each Receipt this Period

500.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)

Douglas R. Lang

Mailing Address 6824 Bonnie Ave

City

St. Louis

State

MO

Zip Code

63123-3237

FEC ID number of contributing federal political committee.

C

Name of Employer  
BJC Home Care Services

Occupation  
Pharmacist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
11 / 26 / 2008

Transaction ID: SA11A1.6553

Amount of Each Receipt this Period

250.00

Individual Contribution

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

1000.00

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

29030084317

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

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

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)

Rosario J. Lazzaro

Mailing Address 74 South Street

City

Cresskill

State

NJ

Zip Code

07626-1530

FEC ID number of contributing federal political committee.

C

Name of Employer  
Holy Name Hospital

Occupation  
Director of Pharmacy

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 23 / 2008

Transaction ID: SA11A1.6623

Amount of Each Receipt this Period

60.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Scott A. Meyers

Mailing Address Ste G2, 4430 Manchester Dr

City

Rockford

State

IL

Zip Code

61109-8316

FEC ID number of contributing federal political committee.

C

Name of Employer  
IL Society of Health-Syst-  
em Pharm

Occupation  
Pharmacist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 16 / 2008

Transaction ID: SA11A1.6612

Amount of Each Receipt this Period

250.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)

Janet Mighty

Mailing Address 2407 Brambleton Rd

City

Baltimore

State

MP

Zip Code

21209

FEC ID number of contributing federal political committee.

C

Name of Employer  
Johns Hopkins Hospital

Occupation  
Pharmacist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 17 / 2008

Transaction ID: SA11A1.6586

Amount of Each Receipt this Period

250.00

Individual Contribution

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

560.00

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

29030084318

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

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

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

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NAME OF COMMITTEE (In Full)  
American Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)

David B. Moore

Mailing Address 14 Curved Creek Way

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing federal political committee.

C

Name of Employer  
FL Hospital-DeLand

Occupation  
Pharmacists

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2008

Transaction ID: SA11AI.6600

Amount of Each Receipt this Period

250.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Steve Riddle

Mailing Address 6309 41st Ave SW

City

Seattle

State

WA

Zip Code

98136

FEC ID number of contributing federal political committee.

C

Name of Employer  
Harborview

Occupation  
Pharmacists

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2008

Transaction ID: SA11AI.6594

Amount of Each Receipt this Period

150.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)

Deborah Saine

Mailing Address PO BOX 2898

City

Winchester

State

VA

Zip Code

22604

FEC ID number of contributing federal political committee.

C

Name of Employer  
Winchester Medical Center Inc.

Occupation  
Med Safety Coordinator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 26 / 2008

Transaction ID: SA11AI.6643

Amount of Each Receipt this Period

150.00

Individual Contribution

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

550.00

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

29030084319

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

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

FOR LINE NUMBER: PAGE 13 / 17  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	

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NAME OF COMMITTEE (In Full)  
American Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)

Suzie Schrater

Mailing Address 55 Corporate Drive

City State Zip Code  
Bridgewater NJ 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sanofi Aventis Regional Medical Liaison

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

12 / 16 / 2008

Transaction ID: SA11AI.6609

Amount of Each Receipt this Period  
250.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Kathryn Schultz

Mailing Address 1500 Mary Street, N.

City State Zip Code  
Maplewood MN 55119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allina Medical Clinic Clinical Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

12 / 23 / 2008

Transaction ID: SA11AI.6577

Amount of Each Receipt this Period  
500.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)

Steven L. Sheaffer

Mailing Address 600 S. 43rd St

City State Zip Code  
Philadelphia PA 19104-4418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Philadelphia College of Pharmacy Pharmacist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

12 / 16 / 2008

Transaction ID: SA11AI.6575

Amount of Each Receipt this Period  
150.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

29030084320

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

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

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

<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 Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)

Janet A. Silvester

Mailing Address 112 Clairborne Cir

City

State

Zip Code

Troy

VA

22974-3262

FEC ID number of contributing federal political committee.

C

Name of Employer  
Martha Jefferson Hospital

Occupation  
Pharmacist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2008

Transaction ID: SA11AI.6614

Amount of Each Receipt this Period

250.00

Individual Contribution

B.

Full Name (Last, First, Middle Initial)

Jane S. Tennis

Mailing Address 543 Boulder River Drive

City

State

Zip Code

O'Fallon

MO

63366

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation  
Chief Pharmacist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2008

Transaction ID: SA11AI.6593

Amount of Each Receipt this Period

250.00

Individual Contribution

C.

Full Name (Last, First, Middle Initial)

Jonathan Wendte

Mailing Address 2745 E. Worcester Place

City

State

Zip Code

Sioux Falls

SD

51108

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation  
Pharmacist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2008

Transaction ID: SA11AI.6588

Amount of Each Receipt this Period

250.00

Individual Contribution

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

750.00

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

29050084321

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

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

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

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NAME OF COMMITTEE (In Full)  
 American Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)  
 T. Mark Woods

Mailing Address 4401 Wornall Rd

City State Zip Code  
 Kansas City KS 64111-3220

FEC ID number of contributing federal political committee.  
  C

Name of Employer Occupation  
 St. Luke's Hospital Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 23 / 2008

Transaction ID: SA11A1.6590

Amount of Each Receipt this Period  
 250.00

Individual Contribution

29030084322

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	7010.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Society of Health System Pharmacist - PAC

A.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.6532 Date of Disbursement 12 / 05 / 2008
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90026	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name BECERRA FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 31	
B.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.6687 Date of Disbursement 12 / 05 / 2008
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period -1000.00
	City Los Angeles State CA Zip Code 90026	
	Purpose of Disbursement Redesignate: Contribution	Category/Type
	Candidate Name BECERRA FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 31	
C.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.6688 Date of Disbursement 02 / 11 / 2009
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90026	
	Purpose of Disbursement Redesignate:	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 31	
SUBTOTAL of Disbursements This Page (optional) .....		1000.00
TOTAL This Period (last page this line number only) .....		

29030084323

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<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 Society of Health System Pharmacist - PAC

A.

Full Name (Last, First, Middle Initial)  
ENZI FOR US SENATE

Transaction ID: SB23.6531  
Date of Disbursement

Mailing Address PO BOX 2775

11 / 25 / 2008

City State Zip Code  
CODY WY 82414

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement  
Contribution

Candidate Name  
ENZI FOR US SENATE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WY District: 00

B.

Full Name (Last, First, Middle Initial)  
LATOURETTE FOR CONGRESS COMMITTEE

Transaction ID: SB23.6536  
Date of Disbursement

Mailing Address 320 Kenarden Dr.

12 / 02 / 2008

City State Zip Code  
Highland Hts. OH 44143

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Contribution

Candidate Name  
LATOURETTE FOR CONGRESS COMMITTEE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

5000.00

29030084324

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt  
5/7/09

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
---Next-Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 5/7/09  
PREPARER DATE PREPARED

29030084325