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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Pharmacists Association Political Action Committee 2215 Constitution Avenue, NW ADDRESS (number and street) Check if different than previously DC 20037 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00193854 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Holly C. Madison Type or Print Name of Treasurer Electronically Filed by Ms. Holly C. Madison 07 26 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

30
COLUMN B ndar Year-to-Date
74299.16
19097.91
93397.07
13860.38
79536.69

X 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

м м 0 1 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3190.00 3190.00 (i) Itemized (use Schedule A) 15907.91 15907.91 (ii) Unitemized (iii) TOTAL (add 19097.91 19097.91 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 19097.91 19097.91 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 19097.91 19097.91 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 19097.91 19097.91 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A	COLUMN B
21. Operating Expenditures:		Total This Period	Calendar Year-to-Date
(a)	Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	360.38	360.38
(c)	Total Operating Expenditures	222.02	200.00
O T	(add 21(a)(i), (a)(ii) and (b))	360.38	360.38
-	mmittees	0.00	0.00
 Cor 	ntributions to		
Fed	deral Candidates/CommitteesI Other Political Committees	13500.00	13500.00
	ependent Expenditure	0.00	0.00
(us 5. Co	e Schedule E) ordinated Expenditures Made by Party	U.UU	0.00
	mmittees (2 U.S.C. 441a(d)) e Schedule F)	0.00	0.00
(uS	C Concodie 1 /		
6. Loa	ın Repayments Made	0.00	0.00
7 100	ans Made	0.00	0.00
	runds of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	That I dilical dominities		
` '	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
(4)	(add Lines 28(a), (b), and (c))	0.00	0.00
9. Oth	ner Disbursements	0.00	0.00
0. Fe	deral Election Activity (2 U.S.C 431(20))		
) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(h) Federal Election Activity Paid Entirely		
G)	With Federal Funds	0.00	0.00
(c	e) Total Federal Election Activity (add	0.00	0.00
•	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,	12060 20	12060.20
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	13860.38	13860.38
32. To	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	13860.38	13860.38

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)	19097.91	19097.91
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	19097.91	19097.91
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	360.38	360.38
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	360.38	360.38

FE6AN026

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
American Pharmacists Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Starlin Haydon-Greatting		Date of Receipt
Mailing Address 3601 Melissa Dr		03 / 21 / Y Y Y Y
City	State Zip Code	Transaction ID: C1325727
<u>Springfield</u>	IL 62711-9600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer SHG Clinical Consulting	Occupation Consultant Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial) Starlin Haydon-Greatting	-	Date of Receipt
Mailing Address 3601 Melissa Dr		03 26 2011
City	State Zip Code	Transaction ID: C1325728
Springfield	IL 62711-9600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SHG Clinical Consulting	Occupation Consultant Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Richard J. Hayney		Date of Receipt
Mailing Address 713 Augusta Dr		03 / 03 / 7 7 7 7 7
City	State Zip Code	Transaction ID: C1325698
Waunakee	WI 53597-2245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Meriter Hospital	Occupation Staff Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional		590.00

SCHEDULE A (FEC Form 3X)

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statomenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Pharmacists Association Po	e name and ad	dress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Humberto S. Martinez Mailing Address 14217 SW 45 Street			Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: C1325757
	<u>Miami</u>	FL	33175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Navarro Pharmacy	Occupation Pharmac		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Thomas E. Menighan Mailing Address 7011 Clinton Ct	l		Date of Receipt 0 5 2 7 2 0 1 1
	City	State	Zip Code	Transaction ID: C1325692
	Annapolis	MD	21403-7602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Pharmacists Asso- ciation Receipt For:	Occupatio CEO & E Aggregate		
	Primary General Other (specify) ▼		500.00	
- C.	Full Name (Last, First, Middle Initial) Jerry Meyers			Date of Receipt
	Mailing Address 11109 Baton Rouge A	ve		05 17 2011
	City	State	Zip Code	Transaction ID: C1325679
	Northridge FEC ID number of contributing federal political committee.	CA	91326-2301	Amount of Each Receipt this Period 100.00
	Name of Employer DeSoto Pharmacy	Occupatio Owner	on	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Pharmacists Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jerry Meyers			Date of Receipt
Mailing Address 11109 Baton Rouge			06 21 7 2011
City Northridge	State CA	Zip Code 91326-2301	Transaction ID: C1325680
FEC ID number of contributing federal political committee.	C	91320-2301	Amount of Each Receipt this Period 200.00
Name of Employer DeSoto Pharmacy	Occupation Owner	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Robert J. Osterhaus			Date of Receipt
Mailing Address 918 West Platt St #	2		03 31 2011
City	State	Zip Code	Transaction ID: C1325699
Maquoketa	IA	52060-2038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Osterhaus Pharmacy	Occupation Owner	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) MORGAN SAYLER			Date of Receipt
Mailing Address 30 S 2000 E, RM 26	67		03 31 2011
City	State	Zip Code	Transaction ID: C1325812
Salt Lake City	UT	84112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer University of Utah, Colle- ge of Pharmac		Professor	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
			700.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 9/16 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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) John H. Vandel Date of Receipt Mailing Address 3415 Reynolds St. 31 03 2011 City State Zip Code Transaction ID: C1325968 Laramie WY 82072 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer University of Wyoming Occupation Pharmacist/Academic Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	3190.00

В.

C.

SCHEDULE B (FEC Form 3X	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 10 / 16
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) American Pharmacists Association	Political Action Committee		
Full Name (Last, First, Middle Initial) Evalon Merchant Services			Transaction ID: D118079 Date of Disbursement
Mailing Address 7300 Chapman H	wy		03
City Knoxville	State Zip Code TN 37920-6612		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Transaction Fees Candidate Name		001 Category/ Type	100.00
Office Sought: House Senate President State: District:	Disbursement For: 2012 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Evalon Merchant Services			Transaction ID: D118080 Date of Disbursement
Mailing Address 7300 Chapman H	wy		
City Knoxville	State Zip Code TN 37920-6612		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Transaction Fees		001	5.00
Candidate Name		Category/ Type	
Senate President	Disbursement For: 2012 X Primary General Other (specify)	71.	
State: District: Full Name (Last, First, Middle Initial)			
Evalon Merchant Services			Transaction ID: D118081 Date of Disbursement
Mailing Address 7300 Chapman H	wy		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} $
City Knoxville	State Zip Code TN 37920-6612		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Transaction Fees		001	72.99
Candidate Name		Category/ Type	
Senate President	Disbursement For: 2012 X Primary General Other (specify) ▼		
State: District:			

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				LINE NUMBER: PAG					PAGE	11/	16			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		for each category of the Detailed Summary Page					22 28a		23 28b	24 286	Ę	25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name															
NAME OF COMMITTEE (In Full) American Pharmacists Association Politica	al Action Committe	ee													
Full Name (Last, First, Middle Initial) Evalon Merchant Services Mailing Address 7300 Chapman Hwy						Date o		sburs	: D118 ement		Ý 0 1	1 Y			
Knoxville	State Zip Cod TN 37920					Amour	nt of	Each	Disburs	emer	nt this		od		
Purpose of Disbursement Credit Card Transaction Fees Candidate Name			Cate	01 egory/			•	•			73.0				
	ment For: 201 Primary Ge Other (specify)	12 eneral													
Full Name (Last, First, Middle Initial) Evalon Merchant Services Mailing Address 7300 Chapman Hwy						Date o		sburs	: D118 ement	V * 1	ž o 1	1 Y			
,	State Zip Cod TN 37920					Amour	nt of	Each	Disbur	emer	nt this	Perio	od		
Purpose of Disbursement Credit Card Transaction Fees Candidate Name			Cate	01 egory/							80.0	0			
• 🗎	ment For: 201 Primary Ge Other (specify)	12 eneral	ıу	rpe											
Full Name (Last, First, Middle Initial) Wachovia						Date o		sburs				V			
Mailing Address NC8502 PO Box 563966						0 1		1	1 1	, 2	ž o ž	1 '			
City Charlotte	State Zip Cod NC 28262					Amour	nt of	Each	Disbur	emer			d		
Purpose of Disbursement Bank Fees Candidate Name			Cate	01 egory/					•		2.8	8			
Senate X President	ment For: 201 Primary Ge Other (specify)	12 eneral													
State: District:							_		•			•	_		
SUBTOTAL of Disbursements This Page (optional)				<u> </u>						1	57.8	Ŕ			

A.

В.

C.

SCHEDULE B (FEC Form 3X)	11	FOR LINE	INE NUMBER: PAGE 12/16					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	X 21b	22 23	24 25 26				
Any Information copied from such Reports and Statem	ents may not be sold or used by	27 27 v any person f	28a 28b 2	28c 29 30b				
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
American Pharmacists Association Politica	I Action Committee							
Full Name (Last, First, Middle Initial) Wachovia			Transaction ID: Date of Disburser					
Mailing Address NC8502 PO Box 563966			02 0 9	9 2011				
,	State Zip Code NC 28262		Amount of Each [Disbursement this Period				
Purpose of Disbursement Bank Fees		001		1.81				
Candidate Name		Category/ Type						
Senate X President	ment For: 2012 Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Wachovia			Transaction ID: Date of Disburser	ment				
Mailing Address NC8502 PO Box 563966	Mailing Address NC8502 PO Box 563966							
,	State Zip Code NC 28262		Amount of Each [Disbursement this Period				
Purpose of Disbursement Bank Fees		001		3.06				
Candidate Name		Category/ Type						
Senate X President	ment For: 2012 Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Wachovia			Transaction ID:					
Wachovia			Date of Disburser					
Mailing Address NC8502 PO Box 563966			04 1	2011				
Charlotte	State Zip Code NC 28262		Amount of Each [Disbursement this Period				
Purpose of Disbursement Bank Fees	Ir	001		8.97				
Candidate Name		Category/ Type						
Senate X President	ment For: 2012 Primary General Other (specify)							
State: District:				_				
SUBTOTAL of Disbursements This Page (optional) .)		13.84				

В.

President District:

ago,, 11002010012		
SCHEDULE B (FEC Form 3X)	I I I I I I I I I I I I I I I I I I I	PAGE 13/16
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check of X) 21b 27	22
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Pharmacists Association Political	al Action Committee	
Full Name (Last, First, Middle Initial) Wachovia		Transaction ID: D118077 Date of Disbursement 05
Mailing Address NC8502 PO Box 563966 City Charlotte	State Zip Code NC 28262	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name	001	7.13
Office Sought: House Disburse	ement For: 2012 Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Wachovia Mailing Address NC8502 PO Box 563966		Transaction ID: D118078 Date of Disbursement O 6 M / D O 9 / Y Y Y O 1 1
City Charlotte	State Zip Code NC 28262	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type	3.54
	ement For: 2012 Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	10.67
TOTAL This Period (last page this line number only)	•	360.38

State:

ITI		3X)	Use sepa	arate schedule(s)		FOR LI	no/						6
	EMIZED DISBURSEMEN	ITS		category of the Summary Page		(check of 21b) 27	22 28a	X 23	3 8b	24 28c	П	25 29	2 3
	r Information copied from such Reports or commercial purposes, other than us												
1 \	NAME OF COMMITTEE (In Full) American Pharmacists Associati	on Political	Action C	Committee									
	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS			Date o		n ID: oursem	D111	124					
	Mailing Address PO BOX 775						0 ^M 2	M /	16		ž	0 1 1	Y
	City Unionville		state PA	Zip Code 19375			Amou	nt of E	ach D	isburse	-		eriod
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name					011	L.			•	250	00.00	
	Rep. Joe Pitts Office Sought: X House	Disbursen	nent For:	2012		tegory/ Type							
	Senate President	Х	Primary Other (spe	General									
	State: PA District: 16 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS								n ID: oursem	D1162	221		
	Mailing Address P.O. BOX 661						0 ^M 5	M /	0 9	/ [ž	0 1 1	Y
	City	S	state	Zip Code			Amou	nt of E	ach D	isburse	ement	this P	erioc
	COLLINSVILLE	I	L	62234							-		
	Purpose of Disbursement Contribution to Federal Candidates		L	62234		011		•			100	00.00	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus				Са	011 tegory/ Type					100	00.00	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus Office Sought: X House Senate President	Disbursen		2012 General	Са	tegory/					100	00.00	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus Office Sought: X House Senate	Disbursen	nent For: Primary	2012 General	Са	tegory/			n ID: oursem	D1168	•	00.00	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial)	Disbursen	nent For: Primary	2012 General	Са	tegory/	Date o			ent	862	0 1 1	Y
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	Disbursen	nent For: Primary	2012 General	Са	tegory/	Date o	of Disb	oursem 27	ent	862 Y Y 2	0 1 1	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address PO Box 23940 City Santa Barbara Purpose of Disbursement Contribution to Federal Candidates	Disbursen	nent For: Primary Other (spe	2012 General ecify) Zip Code	Ca	ntegory/ Type	Date o	of Disb	oursem 27	ent	862 Y Y 2	0 1 1	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address PO Box 23940 City Santa Barbara Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. Lois Capps	Disbursen X	nent For: Primary Other (spe	2012 General crify) ▼ Zip Code 93121	Ca	tegory/ Type	Date o	of Disb	oursem 27	ent	862 Y Y 2	0 1 1	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. John Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address PO Box 23940 City Santa Barbara Purpose of Disbursement Contribution to Federal Candidates Candidate Name	Disbursen S C	nent For: Primary Other (spe	2012 General crify) ▼ Zip Code 93121 2012 General	Ca	ottegory/ Type 011 ttegory/	Date o	of Disb	oursem 27	ent	862 Y Y 2	0 1 1	

	CHEDULE B (FEC FOIII 3/	•		arate schedule(s)			OR LIN			R:		Į	PAG	E 15/	16
IT	EMIZED DISBURSEMENTS	S		category of the Summary Page			21b 27		22 28a	X	23 28b		24 28c	25 29	
	y Information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Pharmacists Association	the name	and addre	ss of any political											S
<u>/_</u>	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360									Transaction ID: D115995 Date of Disbursement 0 4					
	City Prescott		State AR	Zip Code 71857					Amou	nt o	f Each	Disbu	ırseme	ent this I	Perio
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House	Disburse	ment For:	2012		ate	11 egory/ vpe						. 1	500.00)
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