

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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 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** 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 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 01 01 2011 through 06 30 2011

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

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

Signature of Treasurer Electronically Filed by Ms. Holly C. Madison Date 07 26 2011

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Pharmacists Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		74299.16
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	74299.16									
(c) Total Receipts (from Line 19)	19097.91	19097.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	93397.07	93397.07								
7. Total Disbursements (from Line 31)	13860.38	13860.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79536.69	79536.69								
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**

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	3190.00	3190.00
(ii) Unitemized	15907.91	15907.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19097.91	19097.91
(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)	19097.91	19097.91
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))	19097.91	19097.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19097.91	19097.91

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.....	360.38	360.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	360.38	360.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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))..	13860.38	13860.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13860.38	13860.38

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
36. 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
38. Net Operating Expenditures (subtract Line 37 from Line 36)	360.38	360.38

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

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

FOR LINE NUMBER: PAGE 6 / 16
(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

A. Full Name (Last, First, Middle Initial)
Starlin Haydon-Greatting
Mailing Address 3601 Melissa Dr

City Springfield State IL Zip Code 62711-9600

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

Name of Employer SHG Clinical Consulting Occupation Consultant Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 03 / 21 / 2011
Transaction ID: C1325727
 Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Starlin Haydon-Greatting
Mailing Address 3601 Melissa Dr

City Springfield State IL Zip Code 62711-9600

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

Name of Employer SHG Clinical Consulting Occupation Consultant Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 03 / 26 / 2011
Transaction ID: C1325728
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Richard J. Hayney
Mailing Address 713 Augusta Dr

City Waunakee State WI Zip Code 53597-2245

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

Name of Employer Meriter Hospital Occupation Staff Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2011
Transaction ID: C1325698
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 590.00

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 / 16
(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

A. Full Name (Last, First, Middle Initial)
Humberto S. Martinez

Mailing Address 14217 SW 45 Street

City State Zip Code
Miami FL 33175

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

Name of Employer Occupation
Navarro Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: C1325757

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Thomas E. Menighan

Mailing Address 7011 Clinton Ct

City State Zip Code
Annapolis MD 21403-7602

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

Name of Employer Occupation
American Pharmacists Association CEO & EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2011

Transaction ID: C1325692

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jerry Meyers

Mailing Address 11109 Baton Rouge Ave

City State Zip Code
Northridge CA 91326-2301

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

Name of Employer Occupation
DeSoto Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: C1325679

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 8 / 16
(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 Pharmacists Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Jerry Meyers

Mailing Address 11109 Baton Rouge Ave

City Northridge State CA Zip Code 91326-2301

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

Name of Employer DeSoto Pharmacy Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: C1325680

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Robert J. Osterhaus

Mailing Address 918 West 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 Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: C1325699

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MORGAN SAYLER

Mailing Address 30 S 2000 E, RM 267

City Salt Lake City State UT Zip Code 84112

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

Name of Employer University of Utah, College of Pharmac Occupation Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: C1325812

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 / 16	
	(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"/> 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

A.	Full Name (Last, First, Middle Initial) John H. Vandel		Date of Receipt	
	Mailing Address 3415 Reynolds St.		M M / D D / Y Y Y Y 03 / 31 / 2011	
	City	State	Zip Code	Transaction ID: C1325968
	Laramie	WY	82072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	1000.00
	Name of Employer University of Wyoming		Occupation Pharmacist/Academic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	3190.00

**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)

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

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NAME OF COMMITTEE (In Full)
American Pharmacists Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Evalon Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920-6612 Purpose of Disbursement Credit Card Transaction Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D118079 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2011 Amount of Each Disbursement this Period 100.00 Category/ Type 001
B.	Full Name (Last, First, Middle Initial) Evalon Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920-6612 Purpose of Disbursement Credit Card Transaction Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D118080 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2011 Amount of Each Disbursement this Period 5.00 Category/ Type 001
C.	Full Name (Last, First, Middle Initial) Evalon Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920-6612 Purpose of Disbursement Credit Card Transaction Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D118081 Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2011 Amount of Each Disbursement this Period 72.99 Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

177.99

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

**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)

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

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NAME OF COMMITTEE (In Full)
American Pharmacists Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Evalon Merchant Services	Transaction ID: D118082 Date of Disbursement 05 / 02 / 2011
	Mailing Address 7300 Chapman Hwy	Amount of Each Disbursement this Period 75.00
	City Knoxville State TN Zip Code 37920-6612	
	Purpose of Disbursement Credit Card Transaction Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Evalon Merchant Services	Transaction ID: D118083 Date of Disbursement 06 / 01 / 2011
	Mailing Address 7300 Chapman Hwy	Amount of Each Disbursement this Period 80.00
	City Knoxville State TN Zip Code 37920-6612	
	Purpose of Disbursement Credit Card Transaction Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: D118073 Date of Disbursement 01 / 11 / 2011
	Mailing Address NC8502 PO Box 563966	Amount of Each Disbursement this Period 2.88
	City Charlotte State NC Zip Code 28262	
	Purpose of Disbursement Bank Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	157.88
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
American Pharmacists Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D118074 Date of Disbursement 02 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1.81</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D118075 Date of Disbursement 03 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 3.06</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address NC8502 PO Box 563966</p> <p>City Charlotte State NC Zip Code 28262</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D118076 Date of Disbursement 04 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 8.97</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13.84

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

**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 13 / 16

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

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NAME OF COMMITTEE (In Full)
American Pharmacists Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: D118077
	Mailing Address NC8502 PO Box 563966	Date of Disbursement MM / DD / YYYY 05 / 10 / 2011
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period 7.13
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: D118078
	Mailing Address NC8502 PO Box 563966	Date of Disbursement MM / DD / YYYY 06 / 09 / 2011
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period 3.54
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10.67

TOTAL This Period (last page this line number only)

360.38

**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)

<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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: D111124 Date of Disbursement
	Mailing Address PO BOX 775	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Unionville State PA Zip Code 19375	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Rep. Joe Pitts	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS	Transaction ID: D116221 Date of Disbursement
	Mailing Address P.O. BOX 661	<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City COLLINSVILLE State IL Zip Code 62234	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. John Shimkus	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs	Transaction ID: D116862 Date of Disbursement
	Mailing Address PO Box 23940	<input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. Lois Capps	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<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

A.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: D115995
	Mailing Address PO Box 360	Date of Disbursement 04 / 14 / 2011
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Mike Ross	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: D116634
	Mailing Address PO Box U	Date of Disbursement 05 / 17 / 2011
	City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Phil Gingrey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: D110645
	Mailing Address PO BOX 586	Date of Disbursement 03 / 15 / 2011
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to Federal Candidates	011 Category/ Type
	Candidate Name Sen. Max Baucus	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: (check only one)

<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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: D111255 Date of Disbursement 03 / 15 / 2011
	Mailing Address PO BOX 586	Amount of Each Disbursement this Period 4000.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement Contribution to Federal Candidates	011 Category/ Type
	Candidate Name Sen. Max Baucus	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: D111254 Date of Disbursement 03 / 15 / 2011
	Mailing Address PO BOX 2012	Amount of Each Disbursement this Period 1000.00
	City PORTLAND State ME Zip Code 04104	
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Sen. Olympia J. Snowe	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC	Transaction ID: D116863 Date of Disbursement 05 / 27 / 2011
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	Amount of Each Disbursement this Period 1000.00
	City SALT LAKE CITY State UT Zip Code 84101	
	Purpose of Disbursement Contribution to Federal Candidates	011 Category/ Type
	Candidate Name Sen. Orrin G. Hatch	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	13500.00