

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 MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1033 SKOKIE BLVD Check if different than previously reported. (ACC) NORTHBROOK IL 60062

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00584938 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY) [X], Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) 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 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ghias, Babar, , , Type or Print Name of Treasurer

Signature of Treasurer Ghias, Babar, , , [Electronically Filed] Date 07 / 28 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		25645.03
(b) Cash on Hand at Beginning of Reporting Period.....	25645.03	
(c) Total Receipts (from Line 19) .....	869.60	869.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26514.63	26514.63
7. Total Disbursements (from Line 31).....	26340.71	26340.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	173.92	173.92
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	695.68	695.68
(ii) Unitemized .....	173.92	173.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	869.60	869.60
(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) .....	869.60	869.60
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)).....▶	869.60	869.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	869.60	869.60

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	500.00	500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	500.00	500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	21840.71	21840.71
(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)).....	21840.71	21840.71
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	26340.71	26340.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26340.71	26340.71

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	869.60	869.60
34. Total Contribution Refunds (from Line 28(d)) .....	21840.71	21840.71
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	- 20971.11	- 20971.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	500.00	500.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	500.00	500.00

**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 6 OF 14
<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)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A. Aronin, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7609 Sebago Rd  
 City Bethesda State MD Zip Code 20817-4841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marathon Pharmaceuticals, LLC Occupation (for Individual) VP, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ - 2066.37

Date of Receipt **02 / 14 / 2017**  
**Transaction ID : 28A8052C64A94B37A475**  
 Amount of Each Receipt this Period 86.96  
 Memo Item

**B. Aronin, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7609 Sebago Rd  
 City Bethesda State MD Zip Code 20817-4841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marathon Pharmaceuticals, LLC Occupation (for Individual) VP, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ - 2066.37

Date of Receipt **02 / 28 / 2017**  
**Transaction ID : 04573A8659B543789E5C**  
 Amount of Each Receipt this Period 86.96  
 Memo Item

**C. Aronin, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7609 Sebago Rd  
 City Bethesda State MD Zip Code 20817-4841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marathon Pharmaceuticals, LLC Occupation (for Individual) VP, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ - 2066.37

Date of Receipt **03 / 15 / 2017**  
**Transaction ID : C76E26C934ED428C8E1C**  
 Amount of Each Receipt this Period 86.96  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.88
<b>TOTAL</b> 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 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A. Aronin, Gregory, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7609 Sebago Rd

City Bethesda	State MD	Zip Code 20817-4841
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marathon Pharmaceuticals, LLC	Occupation (for Individual) VP, Public Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
- 2066.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

**Transaction ID : AA257E9C1A4B4FE9B730**

Amount of Each Receipt this Period  

86.96
-------

 Memo Item

**B. Aronin, Gregory, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7609 Sebago Rd

City Bethesda	State MD	Zip Code 20817-4841
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marathon Pharmaceuticals, LLC	Occupation (for Individual) VP, Public Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
- 2066.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

**Transaction ID : EE4C281D5D024E349C1B**

Amount of Each Receipt this Period  

86.96
-------

 Memo Item

**C. Aronin, Gregory, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7609 Sebago Rd

City Bethesda	State MD	Zip Code 20817-4841
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marathon Pharmaceuticals, LLC	Occupation (for Individual) VP, Public Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
- 2066.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

**Transaction ID : D26B4129B23B406C90FD**

Amount of Each Receipt this Period  

86.96
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.88
<b>TOTAL</b> 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 8 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Aronin, Gregory, , ,

Mailing Address 7609 Sebago Rd

City Bethesda	State MD	Zip Code 20817-4841
------------------	-------------	------------------------

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

Name of Employer (for Individual) Marathon Pharmaceuticals, LLC	Occupation (for Individual) VP, Public Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
- 2066.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2017

**Transaction ID : EDF3E4D674324386A383**

Amount of Each Receipt this Period  
86.96

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Aronin, Gregory, , ,

Mailing Address 7609 Sebago Rd

City Bethesda	State MD	Zip Code 20817-4841
------------------	-------------	------------------------

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

Name of Employer (for Individual) Marathon Pharmaceuticals, LLC	Occupation (for Individual) VP, Public Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
- 2066.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2017

**Transaction ID : FFB67017BDDA4266AF7F**

Amount of Each Receipt this Period  
86.96

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.92
<b>TOTAL</b> This Period (last page this line number only).....	695.68



**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"/> 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)

**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marathon Pharmaceuticals, LLC**

Mailing Address 1033 Skokie Blvd.  
Suite 600

City Northbrook

State IL

Zip Code 60031

Purpose of Disbursement  
Payment For Administrative Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : V4029AE9F0;**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DSCC**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2017 Contribution

Category/  
Type

Candidate Name  
**DSCC**

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 683CB87A46!**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Robin Kelly For Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement 2018 Primary

Category/  
Type

Candidate Name  
**Kelly, Robin, Lynne, ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IL District: 02

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 4B4C486075C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Aronin, Gregory, , ,**

Mailing Address 7609 Sebago Rd

City  
Bethesda

State  
MD

Zip Code  
20817-4841

Purpose of Disbursement  
Refund of of excessive 2016 Contribution

010

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	8		2	0	1	7		

FEC Identification Number

C [REDACTED]  
**Transaction ID : 420749A9488**  
Amount of Each Disbursement this Period  
[REDACTED] 0.08

Memo Item

Full Name (Last, First, Middle Initial)

**B. Aronin, Gregory, , ,**

Mailing Address 7609 Sebago Rd

City  
Bethesda

State  
MD

Zip Code  
20817-4841

Purpose of Disbursement  
Refund of contributions received.

010

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	7		

FEC Identification Number

C [REDACTED]  
**Transaction ID : 93E94586511:**  
Amount of Each Disbursement this Period  
[REDACTED] 2935.97

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aronin, Jeffrey, , ,**

Mailing Address 1033 Skokie Blvd  
Suite 600

City  
Northbrook

State  
IL

Zip Code  
60062-4101

Purpose of Disbursement  
Refund of contributions received

010

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	7		

FEC Identification Number

C [REDACTED]  
**Transaction ID : EBD85548C/**  
Amount of Each Disbursement this Period  
[REDACTED] 5154.65

Memo Item

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

[REDACTED]	8090.70
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**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
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# 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A. Aronin, Lisa, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
06 / 01 / 2017

Mailing Address: 1033 Skokie Blvd  
Suite 600

City: Northbrook State: IL Zip Code: 60062-4101

Purpose of Disbursement: Refund of Contributions

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: 010

FEC Identification Number: C  
Transaction ID : 7C70EC6018/  
Amount of Each Disbursement this Period: 2577.33

Memo Item

**B. Burke, Michael, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
06 / 01 / 2017

Mailing Address: 1033 Skokie Blvd

City: Northbrook State: IL Zip Code: 60062-4101

Purpose of Disbursement: Refund of contributions received.

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: 010

FEC Identification Number: C  
Transaction ID : EDB878A7EC  
Amount of Each Disbursement this Period: 5154.66

Memo Item

**C. Cohen, Gidon, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
06 / 01 / 2017

Mailing Address: 1033 Skokie Blvd

City: Northbrook State: IL Zip Code: 60062-4108

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: 010

FEC Identification Number: C  
Transaction ID : 9CC940BB1F  
Amount of Each Disbursement this Period: 2577.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10309.32

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

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)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A. Flaum, Sander, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 600 Park Ave

City New York State NY Zip Code 10065-7010

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C

Transaction ID : DE29E00623

Amount of Each Disbursement this Period 257.73

Memo Item

**B. Gantz, Wilbur, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 Skokie Blvd

City Northbrook State IL Zip Code 60062-4132

Purpose of Disbursement Refund of contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C

Transaction ID : 7587587B9D3

Amount of Each Disbursement this Period 515.47

Memo Item

**C. Ghias, Babar, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1730 N Clark St

City Chicago State IL Zip Code 60614-5883

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C

Transaction ID : 2C57543815E

Amount of Each Disbursement this Period 1533.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2306.67

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

**A. Katerinis, Spiro, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 Skokie Blvd

City Northbrook State IL Zip Code 60062-4101

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C

Transaction ID : EDC4D0140F

Amount of Each Disbursement this Period 257.72

Memo Item

**B. Kindler, Jeffrey, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 23 Turkey Hill Rd S

City Westport State CT Zip Code 06880-5517

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C

Transaction ID : D7A4F2FE14!

Amount of Each Disbursement this Period 515.47

Memo Item

**C. Swalec, Jenny, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 Skokie Blvd

City Northbrook State IL Zip Code 60062-4101

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C

Transaction ID : B010A65FF4

Amount of Each Disbursement this Period 257.73

Memo Item

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

1030.92

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

21737.61