

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, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 29 / 2016 through 12 / 31 / 2016

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 01 / 20 / 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="2016"/>		14500.00
(b) Cash on Hand at Beginning of Reporting Period.....	12247.80	
(c) Total Receipts (from Line 19) .....	15897.23	24175.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28145.03	38675.03
7. Total Disbursements (from Line 31).....	2500.00	13030.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25645.03	25645.03
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y Y 12 / 31 / 2016

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).....	15897.23	23975.03
(ii) Unitemized .....	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15897.23	24175.03
(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) .....	15897.23	24175.03
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)).....▶	15897.23	24175.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15897.23	24175.03

**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 .....	0.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	13000.00
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 .....	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 (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)) ..	2500.00	13030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	13030.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<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) .....	15897.23	24175.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15897.23	24175.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	30.00
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	30.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Due to an extra payroll cycle in 2016, one of our contributors, Gregory Aronin, had excessive contributions to the PAC. The excessive portion of his contribution is being refunded and will be reflected on our next report.

Form/Schedule:

Transaction ID:

**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 11
<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 ▼ 5000.08

Date of Receipt 11 / 30 / 2016  
**Transaction ID : 3063B06E1EE242ABA6DA**  
 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 ▼ 5000.08

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 9F16703E17944D6E94FE**  
 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 ▼ 5000.08

Date of Receipt 12 / 30 / 2016  
**Transaction ID : 1C0061557B854E7EAE34**  
 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 8 OF 11
	<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	

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

**A. Aronin, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 Sycamore Pl  
 City Highland Park State IL Zip Code 60035-3334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paragon Pharmaceutical Management Comp Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 7662CFE4D9934B0E9BC0**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Aronin, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 Sycamore Pl  
 City Highland Park State IL Zip Code 60035-3334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 18 / 2016  
**Transaction ID : 2214467FB4D2403580B8**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Burke, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1033 Skokie Blvd  
 City Northbrook State IL Zip Code 60062-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marathon Pharmaceuticals Occupation (for Individual) Chief Business Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 21 / 2016  
**Transaction ID : F636BA92E2FB4170AEA3**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<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 9 OF 11
	<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	

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

**A. Ghias, Babar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 N Clark St  
 City Chicago State IL Zip Code 60614-5883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marathon Pharmaceuticals, LLC Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2974.95

Date of Receipt **11 / 30 / 2016**  
**Transaction ID : C38375E0C4D346D4AAC**  
 Amount of Each Receipt this Period 45.45  
 Memo Item

**B. Ghias, Babar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 N Clark St  
 City Chicago State IL Zip Code 60614-5883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marathon Pharmaceuticals, LLC Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2974.95

Date of Receipt **12 / 15 / 2016**  
**Transaction ID : E49FC25265364FCAA64E**  
 Amount of Each Receipt this Period 45.45  
 Memo Item

**C. Ghias, Babar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 N Clark St  
 City Chicago State IL Zip Code 60614-5883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marathon Pharmaceuticals, LLC Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2974.95

Date of Receipt **12 / 30 / 2016**  
**Transaction ID : B192DACF58824C6B8913**  
 Amount of Each Receipt this Period 45.45  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	136.35
<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 10 OF 11
<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)  
**MARATHON PHARMACEUTICALS POLITICAL ACTION COMMITTEE**

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

Mailing Address 1033 Skokie Blvd

City Northbrook	State IL	Zip Code 60062-4101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Marathon Pharmaceuticals	Occupation (for Individual) VP, Information Systems and Technolo
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : 82AC47CFCD4F45F596C3**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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
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Amount of Each Receipt this Period

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).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	15897.23

**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. Collins for Senator**

Mailing Address PO Box 1096

City  
Bangor

State  
ME

Zip Code  
04402

Purpose of Disbursement  
2020 Primary

011

Category/  
Type

Candidate Name

**Collins, Susan, Margaret, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: ME

District:

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

C C00314575

**Transaction ID : 50D6C4767F2**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address PO Box 661

City  
Collinsville

State  
IL

Zip Code  
62234-0661

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Shimkus, John, M., ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: IL

District: 15

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C C00258855

**Transaction ID : 5B2AA8D2DD**

Amount of Each Disbursement this Period

500.00

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

2500.00