PAGE 1 / 25

Image# 201511249004110507

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than	An Authorized	Committee			Office Use Or	nly
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, ty r the lines.	rpe	12FE4M5		
American Pharmacists	Association P	olitical Action	Committee				
ADDRESS (number and street)	2215 Constitution	Avenue, NW					
Check if different than previously reported. (ACC)	Washington				DC	20037	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	TATE 🛦	ZIP	CODE ▲
C C00193854		3. IS THIS REPORT	NEW (N)	OR	× AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q: July 15 Quarterly Report (Q: X October 15 Quarterly Report (Q: January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Ele Report 1 (d) 30-Day	Election on	H		Sep	in t Sta	Special (30S)
5. Covering Period 07	0,1	2015	through	M M 09	30	2015	Y
I certify that I have examined thing type or Print Name of Treasurer	·	e best of my know	wledge and belief	it is true	, correct and	l complete.	
	oe Janela		[Electronically Filed			/ D D D 24	2015
Office	ous, or incomplete t	mormation may su	bject tile person si		s neport to th	FEC F	ORM 3X
Use Only						Rev.	12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period: From: 07 01 2015 To: 09 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		89658.35
	(b) Cash on Hand at Beginning of Reporting Period	42528.28	
	(c) Total Receipts (from Line 19)	10493.50	47959.09
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53021.78	137617.44
7.	Total Disbursements (from Line 31)	15596.08	100191.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37425.70	37425.70
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Pharmacists Association Political Action Committee

R	eport Covering the Period: From: 07	01 2015 T	0: 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	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	ndividuals/Persons Other							
	(i) Itemized (use Schedule A)	3557.00	19694.79						
	(ii) Unitemized(iii) TOTAL (add	6936.50	28264.30						
	Lines 11(a)(i) and (ii)▶	10493.50	47959.09						
	(b) Political Party Committees	0.00	0.00						
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00						
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10493.50	47959.09						
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00						
13.	All Loans Received	0.00	0.00						
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00						
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00						
	to Federal Candidates and Other Political Committees	0.00	0.00						
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00						
10.	(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))▶	10493.50	47959.09						
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	10493.50	47959.09						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Di	sbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21. Operating Expe	enditures: ————————————————————————————————————	10.00. 11110 1 01100	Calelidal Teal-IO-Date		
	Federal/Non-Federal om Schedule H4)				
	al Share	0.00	0.00		
` '	Federal Share	0.00	0.00		
	eral Operating	596.08	11691.74		
•	esating Expenditures	390.06	11091.74		
	(i), (a)(ii), and (b))▶	596.08	11691.74		
	filiated/Other Party				
		0.00	0.00		
 Contributions to Federal Candio 	lates/Committees				
and Other Poli	ical Committees	15000.00	84000.00		
. Independent Ex		0.00	0.00		
 Coordinated Page 	E)arty Expenditures	0.00	0.00		
(2 U.S.C. §441	a(d))	0.00	0.00		
(use seriedale	//				
6. Loan Repayme	nts Made	0.00	0.00		
7. Loans Made B. Refunds of Co	atributions To:	0.00	0.00		
(a) Individuals	/Persons Other		4500.00		
Than Polit	ical Committees	0.00	4500.00		
(b) Political Pa	arty Committees	0.00	0.00		
	tical Committees	3.00			
(-)	PACs)	0.00	0.00		
	_				
` '	ribution Refunds	0.00	1500.00		
(add Lines	28(a), (b), and (c))▶	0.00	4500.00		
9. Other Disburse	ments	0.00	0.00		
. Other Disburse	ments	0.00	0.00		
. Federal Electio	n Activity (2 U.S.C. §431(20))				
	Federal Election Activity				
(from Sche	edule H6)				
(i) Federal	Share	0.00	0.00		
, · · ·		0.00	0.00		
` '	Share	0.00	0.00		
	ection Activity Paid Entirely Federal Funds	0.00	0.00		
	ral Election Activity (add				
, ,	a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00		
,					
	nents (add Lines 21(c), 22,				
23, 24, 25, 26,	27, 28(d), 29 and 30(c))	15596.08	100191.74		
T					
. Total Federal D	Disbursements 21(a)(ii) and Line 30(a)(ii)				
	21(a)(ii) and Line 30(a)(ii)	15596.08	100191.74		
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5**

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10493.50	47959.09
4. Total Contribution Refunds (from Line 28(d))	0.00	4500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10493.50	43459.09
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	596.08	11691.74
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	596.08	11691.74

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F3XA Transaction ID :

This amendment is to correct the aggregate year-to-date for two individuals.

Form/Schedule: Transaction ID:

FOR LINE NUMBER:					PAGE		7	OF	25
(check only one)									
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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Nancy A Alvarez		Date of Receipt
Mailing Address 21611 Audubon Way NULL		07 17 _ 2015 _
City	State Zip Code	07 17 2015 Transaction ID : C3101992
Lake Forest	CA 92630-5752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	180.00
Name of Employer	Occupation	-
Endo Health Solutions	ADMINSTRATION_STRATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) 3. Amber L. Briggs	1	Date of Receipt
Mailing Address PO Box 2605		M = M / D = D / Y = Y = Y
NULL City	State Zip Code	07 31 2015
Soldotna	AK 99669-2605	Transaction ID : C3117136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Central Peninsula Hospital	Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	175.00	
Full Name (Last, First, Middle Initial) C. Amber L. Briggs		Date of Receipt
Mailing Address PO Box 2605 NULL	Ctata Zin Cada	08 31 2015
City Soldotna	State Zip Code AK 99669-2605	Transaction ID : C3102037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	-
Central Peninsula Hospital	Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	175.00	
SUBTOTAL of Receipts This Page (optional).	•	230.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	8	OF	25
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	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Pharmacists Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Amber L. Briggs		Date of Receipt
Mailing Address PO Box 2605 NULL		09 30 2015
City	State Zip Code	Transaction ID : C3117387
Soldotna EEC ID number of contributing	AK 99669-2605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Central Peninsula Hospital Receipt For:	Clinical Pharmacist	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	
Full Name (Last, First, Middle Initial) 3. Evan W. Colmenares		Date of Receipt
Mailing Address 103 Misty Woods Cir Apt L		08 09 2015
City Chapel Hill	State Zip Code NC 27514-2490	Transaction ID : C3102080
FEC ID number of contributing federal political committee.	C 2/514-2490	Amount of Each Receipt this Period
Name of Employer University of North Carolina At Chapel	Occupation Information Requested	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	
Full Name (Last, First, Middle Initial) C. Kimberly L. Croley		Date of Receipt
Mailing Address 317 Chestnut St		07 10 2015
City Corbin	State Zip Code KY 40701	Transaction ID : C3047102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	-
Laurel Senior Living Communities	DIR_ASSOC_OR_ASST_DIR	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	378.00	
SUBTOTAL of Receipts This Page (optional).		68.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Kimberly L. Croley Mailing Address 317 Chestnut St		Date of Receipt
		08 10 2015
City	State Zip Code	Transaction ID : C3067626
Corbin	KY 40701	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	1
Laurel Senior Living Communities	DIR_ASSOC_OR_ASST_DIR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	
Full Name (Last, First, Middle Initial) Kimberly L. Croley Mailing Address 317 Chestnut St		Date of Receipt
		09 10 2015
City	State Zip Code	Transaction ID : C3090177
Corbin	KY 40701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	1
Laurel Senior Living Communities	DIR_ASSOC_OR_ASST_DIR]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	378.00	
Full Name (Last, First, Middle Initial) C. Susan M Holden	<u>'</u>	Date of Receipt
Mailing Address 15 Juniper Rd		07 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C3063645
Medway	MA 02053-2439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
VA Boston Healthcare System	Pharmacist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional))	109.00
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMB (check only one)

FOR LINE NUMBER:					PAGE	_ ′	10	OF		25
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	13		14		15		16	;		17

	d Statements may not be sold or used by any per the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial) Susan M Holden Mailing Address 45 Junior Rd		Date of Receipt
Mailing Address 15 Juniper Rd		08 30 2015
City	State Zip Code MA 02053-2439	Transaction ID : C3101915
Medway		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
VA Boston Healthcare System Receipt For:	Pharmacist	-
Heceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Susan M Holden		Date of Receipt
Mailing Address 15 Juniper Rd		09 30 / 2015
City Medway	State Zip Code MA 02053-2439	Transaction ID : C3117386
Medway FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer VA Boston Healthcare System	Occupation Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	-
Full Name (Last, First, Middle Initial) C. Maclay Edward Hoyne		Data of Possint
Mailing Address 7990 E Snyder Rd Apt 251 NULL	03	Date of Receipt 08 04 2015
City Tucson	State Zip Code AZ 85750-9053	Transaction ID : C3102009 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
University Medical Center	STAFF_PHARMACIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line numb	er only)	

F	OR	LINE	NU	MBER	:	PAGE	: ′	11	OF	25
(c	he	ck only	or	ne)						
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		13		14		15		16	;	17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial) Thomas E Menighan Mailing Address 7011 Clinton Ct		Date of Receipt
		08 25 2015
City	State Zip Code MD 21403-7602	Transaction ID : C3101911
Annapolis	IVID 2 1403-7 002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
American Pharmacists Association	CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	
Full Name (Last, First, Middle Initial) 3. Michael A. Mone	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt
Mailing Address 4909 Scenic Creek Dr NULL		07 08 2015
City	State Zip Code	Transaction ID : C3117131
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Cardinal Health	Occupation DIR_ASSOC_OR_ASST_DIR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	
Full Name (Last, First, Middle Initial) C. Michael A. Mone	<u>'</u>	Date of Receipt
Mailing Address 4909 Scenic Creek Dr NULL		08 14 2015
City Powell	State Zip Code OH 43065	Transaction ID : C3117148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	-
Cardinal Health	DIR_ASSOC_OR_ASST_DIR	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	820.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 14 13 15 16 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) Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr NULL 2015 City State Zip Code Transaction ID: C3117149 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation DIR ASSOC OR ASST DIR Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 820.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael S. Mosley Date of Receipt Mailing Address 7701 Mokena Ct 09 29 2015 City State Zip Code Transaction ID: C3113538 **New Port Richey** FL 34654-5647 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **PETNET Solutions MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marilyn S. Osterhaus Date of Receipt Mailing Address 918 W Platt St 09 07 2015 City State Zip Code Transaction ID: C3046165 IA Maquoketa 52060-2038 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Pharmacist Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

25

for each category of the Detailed Summary Page 14 13 15 16 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) Marilyn S. Osterhaus Date of Receipt Mailing Address 918 W Platt St 07 2015 26 City State Zip Code Transaction ID: C3058052 Maquoketa IΑ 52060-2038 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacv Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marilyn S. Osterhaus Date of Receipt Mailing Address 918 W Platt St 08 09 2015 City State Zip Code Transaction ID: C3067556 IΑ 52060-2038 Maquoketa Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacy Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marilyn S. Osterhaus Date of Receipt Mailing Address 918 W Platt St 09 09 2015 City State Zip Code Transaction ID: C3089228 IA Maquoketa 52060-2038 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Pharmacist Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

25

14 13 15 16 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) Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St 07 09 2015 City State Zip Code Transaction ID: C3046166 Maquoketa IΑ 52060 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacv Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St 07 26 2015 City State Zip Code Transaction ID: C3058053 IΑ Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Osterhaus Pharmacy Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew Osterhaus Date of Receipt Mailing Address 918 W Platt St 09 2015 80 City State Zip Code Transaction ID: C3067557 IA Maquoketa 52060 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Pharmacist Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Pharmacists Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Matthew Osterhaus Mailing Address 918 W Platt St		Date of Receipt
City	State Zip Code	09 09 2015 Transaction ID : C3089229
Maquoketa	IA 52060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Osterhaus Pharmacy	Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Full Name (Last, First, Middle Initial) 3. Donald Smith		Date of Receipt
Mailing Address 802 E Medical Ct		M M / D D / Y Y Y Y Y
City	State Zip Code	08 01 2015 Transaction ID : C3102100
Post Falls	ID 83854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Medicine Man West Pharmacy	Occupation PHARMACIST_GENERAL	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Donald Smith		Date of Receipt
Mailing Address 802 E Medical Ct		08 01 2015
City	State Zip Code	Transaction ID : C3117385
Post Falls	ID 83854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Medicine Man West Pharmacy	PHARMACIST_GENERAL	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	640.00	
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 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) Donald Smith Date of Receipt Mailing Address 802 E Medical Ct 2015 31 City Zip Code State Transaction ID: C3102101 ID Post Falls 83854 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation PHARMACIST GENERAL Medicine Man West Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Smith Date of Receipt Mailing Address 802 E Medical Ct 09 30 2015 City State Zip Code Transaction ID: C3113549 ID Post Falls 83854 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Medicine Man West Pharmacy PHARMACIST_GENERAL Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sherrill Spires Date of Receipt Mailing Address PO BOX 499 07 23 2015 City Zip Code State Transaction ID: C3102004 CA Mendocino 95460 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pharmacist Rite Aid Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... 3557.00 TOTAL This Period (last page this line number only).....

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American Pharmacists Association	Political Action Con	nmittee				
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A. American Express			Date of Disbursement	YYYY		
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City	State Zip Code		Transaction ID : D16	88502		
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B. American Express			Date of Disbursement			
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•	State Zip Code AZ 85072-3852		Transaction ID : D16	68593		
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C. American Express			Date of Disbursement			
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☐ President ☐ Other (specify) ▼ State: District:					
Full Name (Last, First, Middle Initial)					
B. QGiv, Inc.					
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Mailing Address 53 Lake Morton Dr. 08 312015	08 31 2015				
City State Zip Code Transaction ID : D168602					
Lakeland FL 33801 Purpose of Disbursement					
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Candidate Name Category/	0.00				
Type	6.68				
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Senate Primary General President Other (specify) ▼					
State: District:					
Full Name (Last, First, Middle Initial)					
C. QGiv, Inc.					
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Mailing Address 53 Lake Morton Dr. 09 02 2015					
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 20 OF 25
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NAME OF COMMITTEE (In Full)				
American Pharmacists Association	n Political Action Com	nmittee		
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A. Wells Fargo			Date of Disburseme	nt
Mailing Address 1753 Pinnacle Drive 3rd floor			07 31	2015
City	State Zip Code		Transaction ID : D	168598
Mc Lean Purpose of Disbursement	VA 22102			
Bank Service Charge		001	Amount of Each Dis	bursement this Period
Candidate Name		Category/		07.50
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President	Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
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B. Wells Fargo			Date of Disburseme	nt /
Mailing Address 1753 Pinnacle Drive 3rd floor			08 31	2015
City Mc Lean	State Zip Code VA 22102		Transaction ID : D	168599
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President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Wells Fargo			Date of Disburseme	nt
Mailing Address 1753 Pinnacle Drive			09 11	2015
3rd floor			00 11	2010
City	State Zip Code		Transaction ID : D	168600
Mc Lean Purpose of Disbursement	VA 22102			
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Office Sought: House Disburse	ment For:			7
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President	Other (specify) ▼			
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	NAME OF COMMITTEE (In Full)			
\rangle	American Pharmacists Association	Political Action Co	ommittee	
<u>/_</u>				
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Α.	BILL FLORES FOR CONGRESS			Date of Disbursement
	Mailing Address DO DOV 2007			M M / D D / Y Y Y Y
	Mailing Address PO BOX 6207			09 29 2015
	City	State Zip Code		
	-	TX 77805		Transaction ID : D168388
	Purpose of Disbursement			
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	Candidate Name		Category/	
	Rep. Bill Flores		Type	1000.00
	Office Sought: House Disbursem	nent For: 2016		
	Senate X	Primary General		
		Other (specify) ▼		
	State: TX District: 17			
_	Full Name (Last, First, Middle Initial)			
В.	BILLY LONG FOR CONGRESS			Date of Disbursement
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	Mailing Address 3246 E. RIDGEVIEW STREET			07 29 2015
	City	State Zip Code		
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:	PAGE 22 OF 25
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American Pharmacists Associa	ation Politica	al Action Com	nmittee		
Full Name (Last, First, Middle Initial)				D	
A. MCKINLEY FOR CONGRESS				Date of Disbursemen	nt
Mailing Address 32 20TH STREET				09 30	2015
				00 00	
City	State	Zip Code		Transaction ID : D	168358
WHEELING	WV	26003		Transaction ib . b	100330
Purpose of Disbursement Campaign Contribution			011	Amount of Each Dis	bursement this Period
Candidate Name				Amount of Each bis	bursement this i chou
Rep. David B. McKinley			Category/ Type		1000.00
	bursement For:	2016		,	,
Senate	Primary	General			
President	Other (spe	ecify) 🔻			
State: WV District: 01					
Full Name (Last, First, Middle Initial) B. DIANA DEGETTE FOR CONC	DESS			Date of Disbursemen	nt
- DIANA DEGETTE FOR CONC	JILOO			M M / D D	/ Y Y Y Y
Mailing Address P.O. BOX 61337				07 30	2015
City	State	Zip Code		Transaction ID : D	167713
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DENVER Purpose of Disbursement	СО	80206			
	CO	80206	011	Amount of Each Dis	bursement this Period
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Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Dis	bursement For:	2020 General	Category/	Amount of Each Dis	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Dis	bursement For: \times Primary	2020 General	Category/	Amount of Each Dis	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President President	bursement For: \times Primary	2020 General	Category/	Amount of Each Dis	1000.00
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial)	bursement For: \times Primary	2020 General	Category/		1000.00
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial)	bursement For: \times Primary	2020 General	Category/	Date of Disbursemen	1000.00 nt
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738	bursement For: Primary Other (spe	2020 General	Category/	Date of Disbursemen	1000.00 nt
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS	bursement For: \times Primary	2020 General	Category/	Date of Disbursemen	1000.00 nt / Y Y Y Y 2015
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738 City SACRAMENTO Purpose of Disbursement	bursement For: Primary Other (spe	2020 General ccify) ▼ Zip Code	Category/	Date of Disbursement	1000.00 nt / Y Y Y Y 2015
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738 City SACRAMENTO Purpose of Disbursement Campaign Contribution	bursement For: Primary Other (spe	2020 General ccify) ▼ Zip Code	Category/	Date of Disbursement M M / 29 Transaction ID : D	1000.00 nt / Y Y Y Y 2015
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Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738 City SACRAMENTO Purpose of Disbursement Campaign Contribution Candidate Name Rep. Doris Matsui	bursement For: Primary Other (spe	2020 General ecify) ▼ Zip Code 95812	Category/ Type	Date of Disbursement M M / 29 Transaction ID : D	1000.00 nt / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738 City SACRAMENTO Purpose of Disbursement Campaign Contribution Candidate Name Rep. Doris Matsui	bursement For: Primary Other (spe	2020 General ecify) ▼ Zip Code 95812	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID : D	1000.00 nt / Y Y Y Y Y Y Y Y Y 2015 167699 bursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: Senate President President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738 City SACRAMENTO Purpose of Disbursement Campaign Contribution Candidate Name Rep. Doris Matsui Office Sought: House Dis	bursement For: Primary Other (spe	2020 General ecify) ▼ Zip Code 95812 2016 General	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID : D	1000.00 nt / Y Y Y Y Y Y Y Y Y 2015 167699 bursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: Senate President President State: CO Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738 City SACRAMENTO Purpose of Disbursement Campaign Contribution Candidate Name Rep. Doris Matsui Office Sought: House Senate Dis	bursement For: Primary Other (spe	2020 General ecify) ▼ Zip Code 95812 2016 General	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID : D	1000.00 nt / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President	bursement For: Primary Other (spe	2020 General ecify) ▼ Zip Code 95812 2016 General	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID : D	1000.00 nt / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Disbursement Campaign Contribution Candidate Name Rep. Diana DeGette Office Sought: Senate President President State: CO District: 01 Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS Mailing Address PO BOX 1738 City SACRAMENTO Purpose of Disbursement Campaign Contribution Candidate Name Rep. Doris Matsui Office Sought: House Senate President State: CA District: 06	bursement For: Primary Other (spe	2020 General ecify) ▼ Zip Code 95812 2016 General ecify) ▼	Category/ Type 011 Category/ Type	Date of Disbursement M M / 29 Transaction ID : D	1000.00 nt / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)	11	anala calca () ()	FOR LINE	NUMBER:		PAGE	23 C)F 25
ITEMIZED DISBURSEMENTS		earate schedule(s) category of the	(oricon oriny		N 00			
		Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	30
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or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
American Pharmacists Association	Politica	al Action Co	mmittee					
/			-					
Full Name (Last, First, Middle Initial)				Date o	f Disburser	ment		
A. BLUMENAUER FOR CONGRESS		M M	/		YY	V		
Mailing Address 232 NE 9TH				07	30		2015	'
•	State	Zip Code		Trans	action ID	D167717		
PORTLAND Purpose of Disbursement	OR	97232				-		
Campaign Contribution			011	Amoun	t of Each I	Disburseme	nt this F	Period
Candidate Name								
Rep. Earl Blumenauer			Category/ Type				1000	.00
	nent For:	2020						
	Primary	General						
President President	Other (spe	ecify) 🔻						
State: OR District: 03								
Full Name (Last, First, Middle Initial) B. JENKINS FOR CONGRESS				Date o	f Disburser	ment		
5. JENKINS FOR CONGRESS				M M	/		Y	V
Mailing Address PO BOX 727				07	31		2015	'
•	State	Zip Code		Trans	action ID	: D168720		
HUNTINGTON Purpose of Disbursement	WV	25711						
Campaign Contribution			011	Amoun	t of Each I	Disburseme	nt this F	Period
Candidate Name			Category/					_
Rep. Evan Jenkins			Type		,	-	1000	.00
Office Sought: House Disbursen	nent For:	2016						
	Primary	General						
President President	Other (spe	ecify) 🔻						
State: WV District: 03								
Full Name (Last, First, Middle Initial) C. BUTTERFIELD FOR CONGRESS				Date of	f Disburser	ment		
of BOTTERFIELD FOR CONGRESS				M M	/ D		YY	Υ
Mailing Address PO BOX 2571				07	29		2015	
•	State	Zip Code		Trans	action ID	: D167703		
WILSON Purpose of Disbursement	NC	27894						
Campaign Contribution			011	Amoun	t of Each I	Disburseme	nt this F	Period
Candidate Name			Category/		. 5. 24011	5.5 61 501110		
Rep. G.K. Butterfield			Type			,	1000.	.00
	nent For:							
	Primary	General						
State: NC District: 01	Other (spe	ecity) 🔻						
State: NC District: 01								
SUBTOTAL of Disbursements This Page (optional)							3000.	00
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TOTAL This Period (last page this line number only)						1 40		

SCHEDULE B (FEC Form 3X)		, FOR LINE I	NUMBER: PAGE 24 OF 25	
TEMIZED DISBURSEMENTS	Use separate schedule for each category of the	l (oncor only	•	
	Detailed Summary Pag		22 X 23 24 25 26 28a 28b 28c 29 30b	
Any information copied from such Reports and Stat	amonto mov not be cold or			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Pharmacists Association	n Political Action C	Committee		
/				
Full Name (Last, First, Middle Initial) A. KAREN BASS FOR CONGRESS			Date of Disbursement	
WAILEN BASS FOR CONGILESS	•		M M / D D / Y Y Y Y	
Mailing Address 777 S. FIGUEROA STREET			09 28 2015	
City	State Zip Code			
LOS ANGELES	CA 90017		Transaction ID: D168354	
Purpose of Disbursement				
Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name	Category/	1000.00		
Rep. Karen Bass Office Sought: House Disburs	ement For: 2016	Туре		
Senate	Primary Genera	al		
President	Other (specify)			
State: CA District: 37				
Full Name (Last, First, Middle Initial)	2250		Data of Distance and	
B. MORGAN GRIFFITH FOR CONC	JRESS .		Date of Disbursement	
Mailing Address PO BOX 361			07 30 _ 2015 _	
City	State Zip Code VA 24068		Transaction ID : D167716	
CHRISTIANSBURG Purpose of Disbursement	VA 24068			
Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Morgan Griffith		Type	1000.00	
	ement For: 2020 Primary Genera			
President	Other (specify)	XI		
State: VA District: 09				
otato. V/1 Biotriot. 05				
Full Name (Last, First, Middle Initial)				
			Date of Disbursement	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS			M M / D D / Y Y Y Y	
Full Name (Last, First, Middle Initial)				
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City	State Zip Code		07 30 7 2015	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE	State Zip Code MI 48066		M M / D D / Y Y Y Y	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City	·	011	07 30 2015 Transaction ID : D167714	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement	·		Transaction ID : D167714 Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Sander M. Levin	MI 48066	011 Category/ Type	07 30 2015 Transaction ID : D167714	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Sander M. Levin Office Sought: House Disburs	MI 48066 ement For: 2020	Category/ Type	Transaction ID : D167714 Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Sander M. Levin Office Sought: House Senate	MI 48066 ement For: 2020 Primary Genera	Category/ Type	Transaction ID : D167714 Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Sander M. Levin Office Sought: House Disburs	MI 48066 ement For: 2020	Category/ Type	Transaction ID : D167714 Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Sander M. Levin Office Sought: House Senate President	MI 48066 ement For: 2020 Primary Genera	Category/ Type	Transaction ID : D167714 Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Sander M. Levin Office Sought: House Senate President	MI 48066 The sement For: 2020 Primary General Other (specify)	Category/ Type	Transaction ID : D167714 Amount of Each Disbursement this Period	
Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS Mailing Address PO BOX 37 City ROSEVILLE Purpose of Disbursement Campaign Contribution Candidate Name Rep. Sander M. Levin Office Sought: House Senate President State: MI District: 12	MI 48066 Dement For: 2020 Primary General Other (specify)	Category/ Type	Transaction ID: D167714 Amount of Each Disbursement this Period 1000.00	

SCHEDULE B (FEC Form 3X)	Harris I to the	, FOR LINE	NUMBER:	PAGE 25 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
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or for commercial purposes, other than using the nar	ne and address of any poli	ucai committee to	SOURCE CONTRIBUTIONS fro	JIII SUCII COMMITTEE.
NAME OF COMMITTEE (In Full)	Dolitical Action O	amana:44a =		
American Pharmacists Association	i Political Action Co	99זזווזוווונ		
Full Name (Last, First, Middle Initial)			D-14 (D) (
A. TONY CARDENAS FOR CONGRESS		Date of Disbursement		
Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B			07 30	2015
City	State Zip Code		Transaction ID 5	M 6 7 7 4 E
LOS ANGELES	CA 90010		Transaction ID : D	0167/15
Purpose of Disbursement Campaign Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
Rep. Tony Cardenas Office Sought: House Disburse	ment For: 2020	Туре	7	7
	Primary General			
President	Other (specify) ▼			
State: CA District: 29				
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF MARK WARNER			Date of Disburseme	ent
Molling Address 221125711111			M M / D D	/ ΥΤΥΤΥΤΥ
Mailing Address 201 NORTH UNION STREET			07 29	2015
•	State Zip Code		Transaction ID : [D167705
ALEXANDRIA Purpose of Disbursement	VA 22314			
Campaign Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
Sen. Mark Warner		Type		1000.00
	ment For: 2020			
	Primary General			
State: VA District: 00	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. TIM SCOTT FOR SENATE			Date of Disburseme	ent
N. W. All.			M M / D D	/ ΥΙΥΙΥΙΥ
Mailing Address 1405 ASHLEY RIVER ROAD			07 31	2015
City	State Zip Code		Transaction ID . I	1167710
CHARLESTON	SC 29407		Transaction ID : [) IV/ / IO
Purpose of Disbursement Campaign Contribution		044		
Candidate Name		011	Amount of Each Dis	sbursement this Period
Sen. Tim Scott		Category/ Type		1000.00
	ment For: 2020	Туре	7	7
▼ Senate ×	Primary General			
President	Other (specify)			
State: SC District: 00				
				3000.00
SUBTOTAL of Disbursements This Page (optional)		·····		3000.00
TOTAL This Period (last page this line number only	`	_		15000.00
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