

**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

American Pharmacists Association Political Action Committee

ADDRESS (number and street) ▼

2215 Constitution Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00193854

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Mr. Joe Janela

Signature of Treasurer

Mr. Joe Janela

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
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: M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		<span style="border: 1px solid black; padding: 2px;">89658.35</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">42528.28</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">10493.50</span>	<span style="border: 1px solid black; padding: 2px;">47959.09</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">53021.78</span>	<span style="border: 1px solid black; padding: 2px;">137617.44</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">15596.08</span>	<span style="border: 1px solid black; padding: 2px;">100191.74</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">37425.70</span>	<span style="border: 1px solid black; padding: 2px;">37425.70</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2015

To:

M M / D D / Y Y Y Y Y  
09 30 2015
**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).....

3557.00

19694.79

(ii) Unitemized .....

6936.50

28264.30

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10493.50

47959.09

(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) ..... ▶

10493.50

47959.09

## 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))..... ▶

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. 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 .....	596.08	11691.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	596.08	11691.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	84000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4500.00
(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	4500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	15596.08	100191.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15596.08	100191.74

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

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

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 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Nancy A Alvarez**

Mailing Address 21611 Audubon Way

NULL

City

Lake Forest

State

CA

Zip Code

92630-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Health Solutions

Occupation

ADMINSTRATION\_STRATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	7		2	0	1	5		

Transaction ID : C3101992

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**B. Amber L. Briggs**

Mailing Address PO Box 2605

NULL

City

Soldotna

State

AK

Zip Code

99669-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Peninsula Hospital

Occupation

Clinical Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : C3117136

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. Amber L. Briggs**

Mailing Address PO Box 2605

NULL

City

Soldotna

State

AK

Zip Code

99669-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Peninsula Hospital

Occupation

Clinical Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : C3102037

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

230.00

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

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

FOR LINE NUMBER: PAGE 8 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Amber L. Briggs**

Mailing Address PO Box 2605

NULL

City

Soldotna

State

AK

Zip Code

99669-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Peninsula Hospital

Occupation

Clinical Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : C3117387

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Evan W. Colmenares**

Mailing Address 103 Misty Woods Cir

Apt L

City

Chapel Hill

State

NC

Zip Code

27514-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Carolina At Chapel

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2015

Transaction ID : C3102080

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**C. Kimberly L. Croley**

Mailing Address 317 Chestnut St

City

Corbin

State

KY

Zip Code

40701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laurel Senior Living Communities

Occupation

DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : C3047102

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

68.00



# **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 9 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly L. Croley**

Mailing Address 317 Chestnut St

City  
Corbin

State  
KY

Zip Code  
40701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laurel Senior Living Communities

Occupation

DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

08 / 10 / 2015

**Transaction ID : C3067626**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Kimberly L. Croley**

Mailing Address 317 Chestnut St

City  
Corbin

State  
KY

Zip Code  
40701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laurel Senior Living Communities

Occupation

DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 10 / 2015

**Transaction ID : C3090177**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Susan M Holden**

Mailing Address 15 Juniper Rd

City  
Medway

State  
MA

Zip Code  
02053-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Boston Healthcare System

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2015

**Transaction ID : C3063645**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

109.00

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

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

FOR LINE NUMBER: PAGE 10 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan M Holden

Mailing Address 15 Juniper Rd

City

Medway

State

MA

Zip Code

02053-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Boston Healthcare System

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2015

Transaction ID : C3101915

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Susan M Holden

Mailing Address 15 Juniper Rd

City

Medway

State

MA

Zip Code

02053-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Boston Healthcare System

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : C3117386

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Maclay Edward Hoyne

Mailing Address 7990 E Snyder Rd Apt 25103

NULL

City

Tucson

State

AZ

Zip Code

85750-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Medical Center

Occupation

STAFF\_PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2015

Transaction ID : C3102009

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas E Menighan**

Mailing Address 7011 Clinton Ct

City

Annapolis

State

MD

Zip Code

21403-7602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Pharmacists Association

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2015

**Transaction ID : C3101911**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael A. Mone**Mailing Address 4909 Scenic Creek Dr  
NULL

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2015

**Transaction ID : C3117131**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael A. Mone**Mailing Address 4909 Scenic Creek Dr  
NULL

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

**Transaction ID : C3117148**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael A. Mone**

Mailing Address 4909 Scenic Creek Dr

NULL

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : C3117149**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Michael S. Mosley**

Mailing Address 7701 Mokena Ct

City

New Port Richey

State

FL

Zip Code

34654-5647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PETNET Solutions

Occupation

MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

**Transaction ID : C3113538**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Marilyn S. Osterhaus**

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2015

**Transaction ID : C3046165**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

400.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 13 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marilyn S. Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2015

Transaction ID : C3058052

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Marilyn S. Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2015

Transaction ID : C3067556

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Marilyn S. Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2015

Transaction ID : C3089228

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

# **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 14 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew Osterhaus**

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2015

**Transaction ID : C3046166**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Matthew Osterhaus**

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2015

**Transaction ID : C3058053**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Matthew Osterhaus**

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2015

**Transaction ID : C3067557**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00

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

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

FOR LINE NUMBER: PAGE 15 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Osterhaus

Mailing Address 918 W Platt St

City State Zip Code  
 Maquoketa IA 52060

FEC ID number of contributing federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2015

Transaction ID : C3089229

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Donald Smith

Mailing Address 802 E Medical Ct

City State Zip Code  
 Post Falls ID 83854

FEC ID number of contributing federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

PHARMACIST\_GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2015

Transaction ID : C3102100

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Donald Smith

Mailing Address 802 E Medical Ct

City State Zip Code  
 Post Falls ID 83854

FEC ID number of contributing federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

PHARMACIST\_GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2015

Transaction ID : C3117385

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Donald Smith**

Mailing Address 802 E Medical Ct

City State Zip Code  
 Post Falls ID 83854

FEC ID number of contributing federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

PHARMACIST\_GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

Transaction ID : C3102101

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Donald Smith**

Mailing Address 802 E Medical Ct

City State Zip Code  
 Post Falls ID 83854

FEC ID number of contributing federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

PHARMACIST\_GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : C3113549

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Sherrill Spires**

Mailing Address PO BOX 499

City State Zip Code  
 Mendocino CA 95460

FEC ID number of contributing federal political committee.

C

Name of Employer

Rite Aid

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

Transaction ID : C3102004

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

3557.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 25

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015
**Transaction ID : D168592**

Amount of Each Disbursement this Period

2.40

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      31      2015
**Transaction ID : D168593**

Amount of Each Disbursement this Period

0.80

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      08      2015
**Transaction ID : D168594**

Amount of Each Disbursement this Period

0.80

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

4.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 25

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville      State TN      Zip Code 37920-6612

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015

Transaction ID : D168595

Amount of Each Disbursement this Period

104.34

Full Name (Last, First, Middle Initial)

**B. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville      State TN      Zip Code 37920-6612

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      31      2015

Transaction ID : D168596

Amount of Each Disbursement this Period

109.34

Full Name (Last, First, Middle Initial)

**C. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville      State TN      Zip Code 37920-6612

Purpose of Disbursement  
Merchant Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      01      2015

Transaction ID : D168597

Amount of Each Disbursement this Period

121.21

SUBTOTAL of Disbursements This Page (optional)..... ►

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

334.89

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

American Pharmacists Association Political Action Committee

**A. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City	State	Zip Code
Lakeland	FL	33801

Purpose of Disbursement	Merchant Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : D168601

Amount of Each Disbursement this Period

5.44

**B. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City	State	Zip Code
Lakeland	FL	33801

Purpose of Disbursement	Merchant Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D168602

Amount of Each Disbursement this Period

6.68

**C. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City	State	Zip Code
Lakeland	FL	33801

Purpose of Disbursement	Merchant Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : D168603

Amount of Each Disbursement this Period

5.44

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

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

17.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 25

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Mailing Address 1753 Pinnacle Drive  
3rd floor

City Mc Lean State VA Zip Code 22102

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type**Transaction ID : D168598**

Amount of Each Disbursement this Period

97.58
-------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Mailing Address 1753 Pinnacle Drive  
3rd floor

City Mc Lean State VA Zip Code 22102

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type**Transaction ID : D168599**

Amount of Each Disbursement this Period

86.23
-------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Mailing Address 1753 Pinnacle Drive  
3rd floor

City Mc Lean State VA Zip Code 22102

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type**Transaction ID : D168600**

Amount of Each Disbursement this Period

55.82
-------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

239.63
596.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 25

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

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN	State TX	Zip Code 77805
---------------	-------------	-------------------

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Bill Flores**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 17	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

**Transaction ID : D168388**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BILLY LONG FOR CONGRESS**

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Billy Long**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MO District: 07	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

**Transaction ID : D167704**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City Spokane	State WA	Zip Code 99210
-----------------	-------------	-------------------

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA District: 05	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2015

**Transaction ID : D168343**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 25

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

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MCKINLEY FOR CONGRESS**

Mailing Address 32 20TH STREET

City WHEELING	State WV	Zip Code 26003
------------------	-------------	-------------------

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. David B. McKinley**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WV District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : D168358**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. BOX 61337

City DENVER	State CO	Zip Code 80206
----------------	-------------	-------------------

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Diana DeGette**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CO District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

**Transaction ID : D167713**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City SACRAMENTO	State CA	Zip Code 95812
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Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Doris Matsui**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 06	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

**Transaction ID : D167699**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 25

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

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BLUMENAUER FOR CONGRESS**

Mailing Address 232 NE 9TH

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rep. Earl Blumenauer

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2015

Transaction ID : D167717

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JENKINS FOR CONGRESS**

Mailing Address PO BOX 727

City	State	Zip Code
HUNTINGTON	WV	25711

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rep. Evan Jenkins

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : D168720

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BUTTERFIELD FOR CONGRESS**

Mailing Address PO BOX 2571

City	State	Zip Code
WILSON	NC	27894

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Rep. G.K. Butterfield

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

Transaction ID : D167703

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KAREN BASS FOR CONGRESS**

Mailing Address 777 S. FIGUEROA STREET

City	State	Zip Code
LOS ANGELES	CA	90017

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Karen Bass**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 37

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

**Transaction ID : D168354**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City	State	Zip Code
CHRISTIANSBURG	VA	24068

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Morgan Griffith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

**Transaction ID : D167716**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LEVIN FOR CONGRESS**

Mailing Address PO BOX 37

City	State	Zip Code
ROSEVILLE	MI	48066

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Sander M. Levin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

**Transaction ID : D167714**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City	State	Zip Code
LOS ANGELES	CA	90010

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Tony Cardenas**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 29

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

**Transaction ID : D167715**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARK WARNER**

Mailing Address 201 NORTH UNION STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Mark Warner**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: VA	District: 00

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

**Transaction ID : D167705**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Sen. Tim Scott**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: SC	District: 00

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : D167718**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
15000.00