

**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**

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

ADDRESS (number and street) **11570 6TH STREET**

☐ Check if different than previously reported. (ACC) **RANCHO CUCAMONGA** **CA** **91730**

2. **FEC IDENTIFICATION NUMBER ▼** **C** **C00543835** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

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

Election on / / in the State of

5. Covering Period / / through / /

03 01 2014 03 31 2014

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 **Jason Shandell**

Signature of Treasurer

Jason Shandell

[Electronically Filed]

Date

/ /

05 19 2014

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

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		49033.00
(b) Cash on Hand at Beginning of Reporting Period.....	52535.00	
(c) Total Receipts (from Line 19)	952.00	5964.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53487.00	54997.00
7. Total Disbursements (from Line 31)	2000.00	3510.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51487.00	51487.00
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)

Page 3

Write or Type Committee Name

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y
03 01 2014

To:

M M / D D / Y Y Y Y
03 31 2014

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).....

732.00

3664.00

(ii) Unitemized

220.00

2300.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

952.00

5964.00

(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) ▶

952.00

5964.00

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))..... ▶

952.00

5964.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

952.00

5964.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	3000.00
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	510.00
(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	510.00
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)) ..	2000.00	3510.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	3510.00

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)	952.00	5964.00
34. Total Contribution Refunds (from Line 28(d))	0.00	510.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	952.00	5454.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

This report amended to include a disbursement inadvertently not disclosed on the prior report due to transition in PAC staff.

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: PAGE 7 OF 10

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. Hoi Chi Cheung

Mailing Address 11570 6th Street

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing federal political committee.

C

Name of Employer
 Amphastar Pharmaceuticals, Inc

Occupation
 Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deduction - \$50.00

Full Name (Last, First, Middle Initial)

B. Ellen Feng

Mailing Address 11570 6th Street

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing federal political committee.

C

Name of Employer
 Amphastar Pharmaceuticals, Inc

Occupation
 Sr. Director - IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period

60.00

Bi-weekly payroll deduction - \$30.00

Full Name (Last, First, Middle Initial)

C. Jun Li

Mailing Address 25 John Road

City State Zip Code
 Canton MA 02021

FEC ID number of contributing federal political committee.

C

Name of Employer
 Armstrong Pharmaceuticals, Inc

Occupation
 Sr. Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deduction - \$20.00 (this withholding amount began 3/7)

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

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

200.00

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 10
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. Ronald Lou

Mailing Address 1886 Santa Anita Avenue

City State Zip Code
 South El Monte CA 91733

FEC ID number of contributing
federal political committee.

C

Name of Employer

International Medication Sys

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 21 / 2014

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

Full Name (Last, First, Middle Initial)

B. Jin Y. Ma

Mailing Address 1886 Santa Anita Avenue

City State Zip Code
 South El Monte CA 91733

FEC ID number of contributing
federal political committee.

C

Name of Employer

International Medication Sys

Occupation

Director, Mfg. Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

03 / 21 / 2014

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period

116.00

Bi-weekly payroll deduction - \$58.00

Full Name (Last, First, Middle Initial)

C. Evelyn Reyes

Mailing Address 11570 6th Street

City State Zip Code
 Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amphastar Pharmaceuticals, Inc

Occupation

AC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

03 / 28 / 2014

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period

116.00

Bi-weekly payroll deduction - \$58.00

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

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

312.00

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

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

FOR LINE NUMBER: PAGE 9 OF 10

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Full Name (Last, First, Middle Initial)

A. Michael Stanley

Mailing Address 11570 6th Street

City State Zip Code
Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amphastar Pharmaceuticals, Inc

Occupation
Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

Full Name (Last, First, Middle Initial)

B. Selina Su

Mailing Address 11570 6th Street

City State Zip Code
Rancho Cucamonga CA 91730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amphastar Pharmaceuticals, Inc

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period

60.00

Bi-weekly payroll deduction - \$30.00

Full Name (Last, First, Middle Initial)

C. Xin Zhou

Mailing Address 25 John Road

City State Zip Code
Canton MA 02021

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Medication Sys

Occupation
Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

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

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

220.00

732.00

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

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

A. MIKE THOMPSON FOR CONGRESS

Date of Disbursement



Transaction ID : SB23.4309

011

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

B.

Date of Disbursement

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

C.

Date of Disbursement

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

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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

2000.00

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

Fruit	Number of people
Apple	1200
Banana	800
Orange	1000
Watermelon	2000