

# 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.   
**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼  **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  /  /

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 **Bill Peters**

Signature of Treasurer *Bill Peters* [Electronically Filed] Date  /  /

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

**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="38367.00"/>	<input type="text" value="38367.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39393.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="786.00"/>	<input type="text" value="16812.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="40179.00"/>	<input type="text" value="55179.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4200.00"/>	<input type="text" value="19200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35979.00"/>	<input type="text" value="35979.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

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

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).....	746.00	14598.00
(ii) Unitemized .....	40.00	2214.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	786.00	16812.00
(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) .....	786.00	16812.00
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))..... ▶	786.00	16812.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	786.00	16812.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	4200.00	19200.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	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)) ..	4200.00	19200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4200.00	19200.00

**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) .....	786.00	16812.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	786.00	16812.00
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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

**A. Hoi Chi Cheung**  
Full Name (Last, First, Middle Initial)

Mailing Address 11570 6th Street

City Rancho Cucamonga	State CA	Zip Code 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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : SA11AI.4654**

Amount of Each Receipt this Period  

100.00
--------

 Bi-weekly payroll deduction - \$50.00

**B. Ellen Feng**  
Full Name (Last, First, Middle Initial)

Mailing Address 11570 6th Street

City Rancho Cucamonga	State CA	Zip Code 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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : SA11AI.4655**

Amount of Each Receipt this Period  

60.00
-------

 Bi-weekly payroll deduction - \$30.00

**C. Ping He**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 John Road

City Canton	State MA	Zip Code 02021
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FEC ID number of contributing federal political committee. **C**

Name of Employer Armstrong Pharmaceuticals, Inc	Occupation Associate Director
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : SA11AI.4656**

Amount of Each Receipt this Period  

40.00
-------

 Bi-weekly payroll deduction - \$20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

**A. Aleksei Koutassevitch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11570 6th Street  
 City Rancho Cucamonga State CA Zip Code 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : SA11AI.4657**  
 Amount of Each Receipt this Period 50.00  
 Bi-weekly payroll deduction - \$25.00

**B. Jun Li**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 John Road  
 City Canton State MA Zip Code 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : SA11AI.4659**  
 Amount of Each Receipt this Period 40.00  
 Bi-weekly payroll deduction - \$20.00

**C. Ronald Lou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1886 Santa Anita Avenue  
 City South El Monte State CA Zip Code 91733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amphastar Pharmaceuticals, Inc Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : SA11AI.4660**  
 Amount of Each Receipt this Period 80.00  
 Bi-weekly payroll deduction - \$40.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00  
**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 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)**

**A. Jin Y. Ma**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Int'l Medication Systems Director, Mfg. Division  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 754.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : SA11AI.4661**  
 Amount of Each Receipt this Period  
 116.00  
 Bi-weekly payroll deduction - \$58.00

**B. Richard Sleege**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Int'l Medication Systems Sr. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : SA11AI.4662**  
 Amount of Each Receipt this Period  
 40.00  
 Bi-weekly payroll deduction - \$20.00

**C. Michael Stanley**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Amphastar Pharmaceuticals, Inc Sr. Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2015  
**Transaction ID : SA11AI.4663**  
 Amount of Each Receipt this Period  
 80.00  
 Bi-weekly payroll deduction - \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 236.00  
**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 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)**

**A. Selina Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11570 6th Street  
 City Rancho Cucamonga State CA Zip Code 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 ▼ 360.00

Date of Receipt 06 / 19 / 2015  
**Transaction ID : SA11AI.4664**  
 Amount of Each Receipt this Period 60.00  
 Bi-weekly payroll deduction - \$30.00

**B. Xin Zhou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 John Road  
 City Canton State MA Zip Code 02021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Int'l Medication Systems Occupation Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 26 / 2015  
**Transaction ID : SA11AI.4665**  
 Amount of Each Receipt this Period 80.00  
 Bi-weekly payroll deduction - \$40.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	746.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

**A. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. BOX 61337

City State Zip Code  
DENVER CO 80206

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**DIANA L. DEGETTE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SB23.4666**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. JEB 2016, INC.**

Mailing Address P.O. Box 440669

City State Zip Code  
MIAMI FL 33144

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**JEB BUSH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SB23.4669**

Amount of Each Disbursement this Period

2700.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

4200.00
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**TOTAL** This Period (last page this line number only)..... ▶

4200.00
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