

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** ▼ C00193854 **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 M M / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 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 Mr. Joe Janela

Signature of Treasurer Mr. Joe Janela *[Electronically Filed]* Date 07 / 15 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Pharmacists Association Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="95742.28"/> | <input type="text" value="95742.28"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="101998.87"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="26042.49"/> | <input type="text" value="33734.49"/> |
| (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="128041.36"/> | <input type="text" value="129476.77"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="15376.31"/> | <input type="text" value="16811.72"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="112665.05"/> | <input type="text" value="112665.05"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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

Write or Type Committee Name

American Pharmacists Association Political Action Committee

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)..... | 10674.68 | 13115.68 |
| (ii) Unitemized | 15367.81 | 20618.81 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 26042.49 | 33734.49 |
| (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) | 26042.49 | 33734.49 |
| 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))..... ▶ | 26042.49 | 33734.49 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 26042.49 | 33734.49 |

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 | 376.31 | 811.72 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 376.31 | 811.72 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15000.00 | 16000.00 |
| 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)) .. | 15376.31 | 16811.72 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15376.31 | 16811.72 |

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) | 26042.49 | 33734.49 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 26042.49 | 33734.49 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 376.31 | 811.72 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 376.31 | 811.72 |

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

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

FOR LINE NUMBER: PAGE 6 OF 36
(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. Katelyn Marie Alexander

Mailing Address PO Box 70657

City Johnson City State TN Zip Code 37614-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer ETSU Gatton College of Pharmacy Occupation EDUCATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.41**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778622

Amount of Each Receipt this Period
512.41

Full Name (Last, First, Middle Initial)
B. Justin Arnall

Mailing Address 601 Jones Ferry Rd
Apartment F4

City Carrboro State NC Zip Code 27510

FEC ID number of contributing federal political committee. **C**

Name of Employer University of North Carolina At Chapel Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2778528

Amount of Each Receipt this Period
225.00

Full Name (Last, First, Middle Initial)
C. Susan E. Bartlemay

Mailing Address 400 Hampton Dr
Lot 67

City Allen State TX Zip Code 75013-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Bartlemay Professional Services, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778348

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **747.41**

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: (check only one) | PAGE 7 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Susan E. Bartlemay
Full Name (Last, First, Middle Initial)

Mailing Address 400 Hampton Dr
Lot 67

City State Zip Code
Allen TX 75013-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bartlemay Professional Services, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778349

Amount of Each Receipt this Period
500.00

B. Susan E. Bartlemay
Full Name (Last, First, Middle Initial)

Mailing Address 400 Hampton Dr
Lot 67

City State Zip Code
Allen TX 75013-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bartlemay Professional Services, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2778350

Amount of Each Receipt this Period
40.00

C. Lauren E. Bode
Full Name (Last, First, Middle Initial)

Mailing Address 824 Watson St

City State Zip Code
Memphis TN 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Tennessee Health Science Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1329.72

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778735

Amount of Each Receipt this Period
19.85

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 559.85 |
| 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 36
(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. Lauren E. Bode

Mailing Address 824 Watson St

City State Zip Code
 Memphis TN 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 University of Tennessee Health Science Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1329.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : C2778736

Amount of Each Receipt this Period
 21.00

Full Name (Last, First, Middle Initial)
B. Lauren E. Bode

Mailing Address 824 Watson St

City State Zip Code
 Memphis TN 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 University of Tennessee Health Science Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1329.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : C2778737

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Lauren E. Bode

Mailing Address 824 Watson St

City State Zip Code
 Memphis TN 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 University of Tennessee Health Science Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1329.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : C2778738

Amount of Each Receipt this Period
 187.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 308.00

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: (check only one) | PAGE 9 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Lauren E. Bode
Full Name (Last, First, Middle Initial)

Mailing Address 824 Watson St

City Memphis State TN Zip Code 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Tennessee Health Science Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1329.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : C2778739

Amount of Each Receipt this Period
 275.00

B. Lauren E. Bode
Full Name (Last, First, Middle Initial)

Mailing Address 824 Watson St

City Memphis State TN Zip Code 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Tennessee Health Science Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1329.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : C2778740

Amount of Each Receipt this Period
 336.87

C. Lauren E. Bode
Full Name (Last, First, Middle Initial)

Mailing Address 824 Watson St

City Memphis State TN Zip Code 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Tennessee Health Science Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1329.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : C2778741

Amount of Each Receipt this Period
 390.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1001.87

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: (check only one) | PAGE 10 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Daniel E. Buffington

Mailing Address 6406 S Queensway Drive

City Tampa State FL Zip Code 33617-2438

FEC ID number of contributing federal political committee. **C**

Name of Employer Clinical Pharmacology Services, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **05 / 01 / 2014**

Transaction ID : C2778440

Amount of Each Receipt this Period **400.00**

Full Name (Last, First, Middle Initial)
B. Robin L. Cooke

Mailing Address 5642 Sapphire Loop

City Anchorage State AK Zip Code 99504

FEC ID number of contributing federal political committee. **C**

Name of Employer ALaska Family Medicine Residency Progr Occupation Clinical pharmacist - faculty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **05 / 19 / 2014**

Transaction ID : C2778558

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Robin L. Cooke

Mailing Address 5642 Sapphire Loop

City Anchorage State AK Zip Code 99504

FEC ID number of contributing federal political committee. **C**

Name of Employer ALaska Family Medicine Residency Progr Occupation Clinical pharmacist - faculty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **06 / 01 / 2014**

Transaction ID : C2778559

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **305.00**

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 12 OF 36 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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)
American Pharmacists Association Political Action Committee

A. William E. Fassett
 Full Name (Last, First, Middle Initial)
 Mailing Address 2403 W Carolina Ct
 City Spokane State WA Zip Code 99208-8690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington State University Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 05 / 01 / 2014
Transaction ID : C2778345
 Amount of Each Receipt this Period 250.00

B. Gregory A. Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 14049 Old Mill Ct
 City Carmel State IN Zip Code 46032-8508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kroger Pharmacies Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 01 / 2014
Transaction ID : C2778386
 Amount of Each Receipt this Period 20.00

C. Gregory A. Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 14049 Old Mill Ct
 City Carmel State IN Zip Code 46032-8508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kroger Pharmacies Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 01 / 2014
Transaction ID : C2778387
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00
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 13 OF 36 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <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. Gregory A. Fox

Mailing Address 14049 Old Mill Ct

City Carmel State IN Zip Code 46032-8508

FEC ID number of contributing federal political committee. **C**

Name of Employer Kroger Pharmacies Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2778388

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Ed L. Hamilton

Mailing Address PO Box 1432

City Lake Alfred State FL Zip Code 33850

FEC ID number of contributing federal political committee. **C**

Name of Employer Regency Medical Center Pharmacy Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778401

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. Ed L. Hamilton

Mailing Address PO Box 1432

City Lake Alfred State FL Zip Code 33850

FEC ID number of contributing federal political committee. **C**

Name of Employer Regency Medical Center Pharmacy Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778402

Amount of Each Receipt this Period
500.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 590.00 |
| 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: (check only one) | PAGE 14 OF 36 |
| <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

A. Ed L. Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1432

| | | |
|---------------------|-------------|-------------------|
| City Lake Alfred | State FL | Zip Code 33850 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|------------------------|
| Name of Employer Regency Medical Center Pharmacy | Occupation Director |
|---|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 01 | / | 2014 |

Transaction ID : C2778403

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

B. Lara Kerwin
Full Name (Last, First, Middle Initial)

Mailing Address 5628 North Ames Ave

| | | |
|---------------------|-------------|-------------------|
| City Kansas City | State MO | Zip Code 64151 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---------------------------------|
| Name of Employer University of Missouri-Kansas City Sch | Occupation Pharmacist Intern |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | / | 01 | / | 2014 |

Transaction ID : C2778571

Amount of Each Receipt this Period

| |
|-------|
| 10.00 |
|-------|

C. Lara Kerwin
Full Name (Last, First, Middle Initial)

Mailing Address 5628 North Ames Ave

| | | |
|---------------------|-------------|-------------------|
| City Kansas City | State MO | Zip Code 64151 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---------------------------------|
| Name of Employer University of Missouri-Kansas City Sch | Occupation Pharmacist Intern |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | / | 01 | / | 2014 |

Transaction ID : C2778572

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| 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 15 OF 36
(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

A. Lara Kerwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5628 North Ames Ave
 City Kansas City State MO Zip Code 64151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri-Kansas City Sch Occupation Pharmacist Intern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2778573
 Amount of Each Receipt this Period
 240.00

B. Lara Kerwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5628 North Ames Ave
 City Kansas City State MO Zip Code 64151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri-Kansas City Sch Occupation Pharmacist Intern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014
Transaction ID : C2778574
 Amount of Each Receipt this Period
 15.00

C. Lara Kerwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5628 North Ames Ave
 City Kansas City State MO Zip Code 64151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri-Kansas City Sch Occupation Pharmacist Intern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014
Transaction ID : C2778575
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 555.00
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 16 OF 36
(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

A. Kelsey Lubbers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 W. Cleveland St.
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida College of Pharm Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 449.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2778613
 Amount of Each Receipt this Period
 33.00

B. Kelsey Lubbers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 W. Cleveland St.
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida College of Pharm Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 449.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2778614
 Amount of Each Receipt this Period
 34.50

C. Kelsey Lubbers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 W. Cleveland St.
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida College of Pharm Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 449.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2778615
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.50
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: (check only one) | PAGE 17 OF 36 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Pharmacists Association Political Action Committee

A. Kelsey Lubbers
Full Name (Last, First, Middle Initial)
Mailing Address 3615 W. Cleveland St.
City Tampa State FL Zip Code 33609
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida College of Pharm Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 449.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2014
Transaction ID : C2778616
Amount of Each Receipt this Period
325.00

B. Kelsey Lubbers
Full Name (Last, First, Middle Initial)
Mailing Address 3615 W. Cleveland St.
City Tampa State FL Zip Code 33609
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida College of Pharm Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 449.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2014
Transaction ID : C2778617
Amount of Each Receipt this Period
15.00

C. David Medvedeff
Full Name (Last, First, Middle Initial)
Mailing Address 15045 Wind Whisper Drive
City Odessa State FL Zip Code 33556
FEC ID number of contributing federal political committee. **C**
Name of Employer Gold Standard Occupation CLINICAL_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
05 / 19 / 2014
Transaction ID : C2778488
Amount of Each Receipt this Period
500.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 840.00 |
| 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 18 OF 36
(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. Gavin C. Meeks

Mailing Address 1745 Belmonte Ave

City Jacksonville State FL Zip Code 32207-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778771

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Gavin C. Meeks

Mailing Address 1745 Belmonte Ave

City Jacksonville State FL Zip Code 32207-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778772

Amount of Each Receipt this Period
102.00

Full Name (Last, First, Middle Initial)
C. Gavin C. Meeks

Mailing Address 1745 Belmonte Ave

City Jacksonville State FL Zip Code 32207-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2778773

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **147.00**

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: (check only one) | PAGE 19 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Gavin C. Meeks
Full Name (Last, First, Middle Initial)
Mailing Address 1745 Belmonte Ave
City Jacksonville State FL Zip Code 32207-3117
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida College of Pharm Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 259.00

Date of Receipt 06 / 01 / 2014
Transaction ID : C2778774
Amount of Each Receipt this Period 27.00

B. Gavin C. Meeks
Full Name (Last, First, Middle Initial)
Mailing Address 1745 Belmonte Ave
City Jacksonville State FL Zip Code 32207-3117
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Florida College of Pharm Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 259.00

Date of Receipt 06 / 01 / 2014
Transaction ID : C2778775
Amount of Each Receipt this Period 85.00

C. Michael A. Mone
Full Name (Last, First, Middle Initial)
Mailing Address 75 Moss Glen Ct
City O Fallon State MO Zip Code 63368
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardinal Health Occupation VP Anti-Diversion
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 28 / 2014
Transaction ID : C2784532
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00
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: (check only one) | PAGE 20 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael A. Mone

Mailing Address 75 Moss Glen Ct

City O Fallon State MO Zip Code 63368

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardinal Health Occupation VP Anti-Diversion

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2778418

Amount of Each Receipt this Period
130.00

Full Name (Last, First, Middle Initial)
B. Thomas O. Munyer

Mailing Address 1945 NW 22nd St

City Gainesville State FL Zip Code 32605-3981

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Gainesville. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2778458

Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
C. Thomas O. Munyer

Mailing Address 1945 NW 22nd St

City Gainesville State FL Zip Code 32605-3981

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Gainesville. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2778465

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **260.00**

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: (check only one) | PAGE 21 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Marilyn Osterhaus
Full Name (Last, First, Middle Initial)

Mailing Address 918 W Platt St, #2

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2014

Transaction ID : C2721562

Amount of Each Receipt this Period
 50.00

B. Marilyn Osterhaus
Full Name (Last, First, Middle Initial)

Mailing Address 918 W Platt St, #2

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014

Transaction ID : C2742284

Amount of Each Receipt this Period
 50.00

C. Marilyn Osterhaus
Full Name (Last, First, Middle Initial)

Mailing Address 918 W Platt St, #2

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : C2762247

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 22 OF 36 |
| (check only one) | |
| <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. Matthew Osterhaus

Mailing Address 918 W Platt St, #2
Suite 2

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 ▼
400.00

Date of Receipt
04 / 26 / 2014
Transaction ID : C2721561

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Matthew Osterhaus

Mailing Address 918 W Platt St, #2
Suite 2

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 ▼
400.00

Date of Receipt
05 / 01 / 2014
Transaction ID : C2778373

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Matthew Osterhaus

Mailing Address 918 W Platt St, #2
Suite 2

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 ▼
400.00

Date of Receipt
05 / 01 / 2014
Transaction ID : C2784460

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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: (check only one) | PAGE 23 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Matthew Osterhaus
Full Name (Last, First, Middle Initial)

Mailing Address 918 W Platt St, #2
Suite 2

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 ▼
400.00

Date of Receipt
05 / 26 / 2014
Transaction ID : **C2742283**

Amount of Each Receipt this Period
50.00

B. Matthew Osterhaus
Full Name (Last, First, Middle Initial)

Mailing Address 918 W Platt St, #2
Suite 2

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 ▼
400.00

Date of Receipt
06 / 26 / 2014
Transaction ID : **C2762246**

Amount of Each Receipt this Period
50.00

C. Victoria S. Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 4869 Apple Grove Ct

City Groveport State OH Zip Code 43125

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Northern University Raabe College Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 01 / 2014
Transaction ID : **C2778597**

Amount of Each Receipt this Period
210.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 310.00 |
| 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 24 OF 36 |
| (check only one) | |
| <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

A. Katherine C. Petsos
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Madison Ave
 City State Zip Code
 Cape Canaveral FL 32920-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Walgreen's Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014
Transaction ID : C2778433
 Amount of Each Receipt this Period
500.00

B. Katherine C. Petsos
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Madison Ave
 City State Zip Code
 Cape Canaveral FL 32920-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Walgreen's Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014
Transaction ID : C2778434
 Amount of Each Receipt this Period
55.00

C. Katherine C. Petsos
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Madison Ave
 City State Zip Code
 Cape Canaveral FL 32920-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Walgreen's Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2014
Transaction ID : C2778435
 Amount of Each Receipt this Period
40.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 595.00 |
| 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: (check only one) | PAGE 25 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Katherine C. Petsos
Full Name (Last, First, Middle Initial)

Mailing Address 618 Madison Ave

City Cape Canaveral State FL Zip Code 32920-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Walgreen's Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : C2778436

Amount of Each Receipt this Period
100.00

B. Anthony C. Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 2934 SW 35th Place Apt #19

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.05**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778764

Amount of Each Receipt this Period
45.00

C. Anthony C. Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 2934 SW 35th Place Apt #19

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.05**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2778765

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **205.00**

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: (check only one) | PAGE 26 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Anthony C. Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 2934 SW 35th Place
Apt #19

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm
Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.05

Date of Receipt
05 / 01 / 2014
Transaction ID : C2778766

Amount of Each Receipt this Period
62.00

B. Anthony C. Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 2934 SW 35th Place
Apt #19

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm
Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.05

Date of Receipt
05 / 01 / 2014
Transaction ID : C2778767

Amount of Each Receipt this Period
113.42

C. Anthony C. Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 2934 SW 35th Place
Apt #19

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm
Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.05

Date of Receipt
05 / 01 / 2014
Transaction ID : C2778768

Amount of Each Receipt this Period
203.63

SUBTOTAL of Receipts This Page (optional)..... ▶ 379.05

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: (check only one) | PAGE 27 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Anthony C. Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 2934 SW 35th Place
Apt #19

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida College of Pharm
Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.05

Date of Receipt
06 / 01 / 2014
Transaction ID : **C2778769**

Amount of Each Receipt this Period
15.00

B. Anthony T. Pudlo
Full Name (Last, First, Middle Initial)

Mailing Address 1328 39th Street
8515 Douglas Avenue

City Des Moines State IA Zip Code 50311

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested
Occupation Vice President of Professional Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.00

Date of Receipt
04 / 15 / 2014
Transaction ID : **C2778482**

Amount of Each Receipt this Period
117.00

C. Anthony T. Pudlo
Full Name (Last, First, Middle Initial)

Mailing Address 1328 39th Street
8515 Douglas Avenue

City Des Moines State IA Zip Code 50311

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested
Occupation Vice President of Professional Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.00

Date of Receipt
04 / 15 / 2014
Transaction ID : **C2778483**

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00

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 28 OF 36
(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

A. Anthony T. Pudlo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1328 39th Street
 8515 Douglas Avenue
 City Des Moines State IA Zip Code 50311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Vice President of Professional Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2778484
 Amount of Each Receipt this Period
 40.00

B. Robert J. Renna
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Old Salem Rd
 City Lakeland State FL Zip Code 33811-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2778347
 Amount of Each Receipt this Period
 300.00

C. Maksida Sabackic
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Arnold Ter
 City Saugus State MA Zip Code 01906-3927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2778644
 Amount of Each Receipt this Period
 230.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 570.00
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: (check only one) | PAGE 29 OF 36 |
| | <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)
American Pharmacists Association Political Action Committee

A. Norman P. Tomaka
Full Name (Last, First, Middle Initial)

Mailing Address 1977 Player Cir N
1350 S Hickory St

City Melbourne State FL Zip Code 32935-4416

FEC ID number of contributing federal political committee. **C**

Name of Employer Consultant Pharmacy Services Occupation Consultant Pharmacist and Risk Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 655.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2014

Transaction ID : C2778374

Amount of Each Receipt this Period
500.00

B. Norman P. Tomaka
Full Name (Last, First, Middle Initial)

Mailing Address 1977 Player Cir N
1350 S Hickory St

City Melbourne State FL Zip Code 32935-4416

FEC ID number of contributing federal political committee. **C**

Name of Employer Consultant Pharmacy Services Occupation Consultant Pharmacist and Risk Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 655.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2014

Transaction ID : C2778375

Amount of Each Receipt this Period
55.00

C. Whitney White
Full Name (Last, First, Middle Initial)

Mailing Address 800 Lakeshore Dr

City Birmingham State AL Zip Code 35229-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 668.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2014

Transaction ID : C2778619

Amount of Each Receipt this Period
668.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1223.00 |
| TOTAL This Period (last page this line number only).....▶ | 10674.68 |

**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 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 |

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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
Amex Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : D159867

Amount of Each Disbursement this Period

1.58

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
Amex Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : D159868

Amount of Each Disbursement this Period

10.62

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
Amex Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : D159869

Amount of Each Disbursement this Period

39.38

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

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

51.58

**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 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 |

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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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D159859

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D159865

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D159866

Amount of Each Disbursement this Period

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

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

**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 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 |

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NAME OF COMMITTEE (In Full)
American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 1753 Pinnacle Drive
3rd floor

City State Zip Code
Mc Lean VA 22102

Purpose of Disbursement
Bank Service Charge

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 |
| 06 | / | 11 | / | 2014 |

Transaction ID : D159861

Amount of Each Disbursement this Period

| |
|------|
| 8.11 |
|------|

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 1753 Pinnacle Drive
3rd floor

City State Zip Code
Mc Lean VA 22102

Purpose of Disbursement
Bank Service Charge

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 |
| 04 | / | 11 | / | 2014 |

Transaction ID : D159870

Amount of Each Disbursement this Period

| |
|------|
| 3.81 |
|------|

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 1753 Pinnacle Drive
3rd floor

City State Zip Code
Mc Lean VA 22102

Purpose of Disbursement
Bank Service Charge

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 |
| 05 | / | 01 | / | 2014 |

Transaction ID : D159871

Amount of Each Disbursement this Period

| |
|-------|
| 11.19 |
|-------|

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

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

| |
|-------|
| 23.11 |
|-------|

| |
|--------|
| 376.31 |
|--------|

**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)
American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : D158999

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name

Rep. Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : D159380

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : D157700

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

**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)
American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHNSON FOR CONGRESS

Mailing Address PO BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : D158513

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 YOUNGFIELD STREET

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Ed Perlmutter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : D158512

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. James B. Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : D157637

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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)
American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Joe Pitts

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : D157699

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Rep. Mike Pompeo

Office Sought: House
 Senate
 President
State: KS District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : D159381

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
Voided Check

010

Category/
Type

Candidate Name

Rep. Ralph M. Hall

Office Sought: House
 Senate
 President
State: TX District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : D159877

Amount of Each Disbursement this Period

-1000.00

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

1000.00

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

**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)
American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS 2012 COMMITTEE

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Raul Ruiz

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : D158515

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : D158514

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : D157701

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

15000.00