Image# 14941819613				PAGE 1 / 36
	EPORT OF REC ND DISBURSEN Other Than An Authorized	IENTS	Office Us	o Ooly
	E OR PRINT V Exa	mple: If typing, type	12FE4M5	
COMMITTEE (in full)		the lines.	IZIEIMJ	
American Pharmacists As	sociation Political Action	Committee		
ADDRESS (number and street)	215 Constitution Avenue, NW			
Check if different				
then providually	Vashington		DC 20037	
2. FEC IDENTIFICATION NUMB	ER V CITY	S		ZIP CODE 🔺
C C00193854	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20 (M3)	May 20 (M5)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) X July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y Y Y Y 2014	through 06	/         D         /         Y         Y           30         201	4 <u> </u>
I certify that I have examined this Re	eport and to the best of my know	vledge and belief it is true	e, correct and complet	е.
Type or Print Name of Treasurer	Ir. Joe Janela			
Signature of Treasurer Mr. Joe Jo	inela	[Electronically Filed]	ate 07 / 15	D / Y Y Y Y 2014
NOTE: Submission of false, erroneous,	, or incomplete information may su	bject the person signing th	is Report to the penaltie	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X ev. 12/2004

07/15/2014 17 : 11

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

### American Pharmacists Association Political Action Committee

R	eport Covering the Period: From: 04	M / D D / Y Y Y Y 01 2014 To	: 06 / D D / Y Y Y Y 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		95742.28
	(b) Cash on Hand at Beginning of Reporting Period	101998.87	
	(c) Total Receipts (from Line 19)	26042.49	33734.49
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	128041.36	129476.77
7.	Total Disbursements (from Line 31)	15376.31	16811.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112665.05	112665.05
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

X

Image# 1	4941819615
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### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Pharmacists Association Political Action Committee

Report Covering the Period: From:	01	2014 To	
I. Receipts		UMN A his Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		·	
(a) Individuals/Persons Other			
Than Political Committees		10674.68	13115.68
(i) Itemized (use Schedule A)			
(ii) Unitemized		15367.81	20618.81
(iii) TOTAL (add	7	7 10002.01	7 7
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
2. Transfers From Affiliated/Other			
Party Committees		0.00	0.00
		0.00	0.00
3. All Loans Received	7	7	0.00
_			
. Loan Repayments Received		0.00	0.00
5. Offsets To Operating Expenditures	,	,	
(Refunds, Rebates, etc.)		0.00	
(Carry Totals to Line 37, page 5)		0.00	0.00
3. Refunds of Contributions Made			
to Federal Candidates and Other		0.00	0.00
Political Committees		0.00	0.00
7. Other Federal Receipts			0.00
(Dividends, Interest, etc.)		0.00	0.00
(a) Non-Federal Account			
(from Schedule H3)		0.00	0.00
		7	0.00
		0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))		0.00	0.00
			0.00
0. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))►		26042.49	33734.49
Total Fadaral Dessints			
. Total Federal Receipts		26042.40	00704.46
(subtract Line 18(c) from Line 19)►		26042.49	33734.49

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-lo-Dale				
(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	376.31	811.72				
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	7 7 7					
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees Independent Expenditures	15000.00	16000.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00				
Than Political Committees	0.00					
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds	0.00	0.00				
(add Lines 28(a), (b), and (c))▶						
Other Disbursements	0.00	0.00				
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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15376.31	16811.72				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	15376.31	16811.72				

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	26042.49	33734.49
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26042.49	33734.49
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	376.31	811.72
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	376.31	811.72

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a 13	-	11b 14	$\vdash$	11c 15	12 16	17					
	ormation copied from such Reports and S commercial purposes, other than using the								oliciting		tions					
\ \	ne of COMMITTEE (In Full) nerican Pharmacists Associat	ion Politio	cal Action Committee													
	Name (Last, First, Middle Initial) telyn Marie Alexander			Date of Receipt												
Mail	ing Address PO Box 70657			05 01 2014 Transaction ID : C2778622												
City	nson City	State TN	Zip Code 37614-1701							2						
	D number of contributing		37014 1701	/	Amount of Each Receipt this Period											
fede	ral political committee.	C			-	-	7		7	512						
	ne of Employer	Occupation														
	U Gatton College of Pharmacy eipt For:	EDUCATOR														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 512.41	]												
	Name (Last, First, Middle Initial) stin Arnall				Date of	Re	ceipt									
Mail	ing Address 601 Jones Ferry Rd Apartment F4			м м 06	1	0		/ Y	2014	Y						
City		State	Zip Code		Transaction ID : C2778528											
	rboro	NC	27510	/	Amount	of	Each	Re	ceipt thi	is Period						
	D number of contributing ral political committee.	C		_	_	,	_	7	225	.00						
	ne of Employer rersity of North Carolina At Chapel	Occupation Student														
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]												
	Name (Last, First, Middle Initial) Jsan E. Bartlemay				Date of	Re	eceipt									
Mail	ing Address 400 Hampton Dr Lot 67				м м 05	/	D 0'		/ Y	y y 2014	Y					
City Alle		State TX	Zip Code 75013-3630						277834							
FEC	ID number of contributing ral political committee.	С			Amouni		tach	Red	, the second s	is Period 1(	0.00					
Nam	ne of Employer	Occupation														
	lemay Professional Services, Inc.	President														
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		550.00													
SUBT	OTAL of Receipts This Page (optional)						, .		7	747	.41					
ΤΟΤΑ	L This Period (last page this line number	only)					,		,							

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than usin	and Statements may not be sold or used by any p ng the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Pharmacists Asso	ociation Political Action Committee	
Full Name (Last, First, Middle Initial)         Susan E. Bartlemay         Mailing Address 400 Hampton Dr         Lot 67         City         Allen         FEC ID number of contributing         federal political committee.         Name of Employer         Bartlemay Professional Services, Inc.         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TX       75013-3630         C       Occupation         Occupation       President         Aggregate Year-to-Date ▼       550.00	Date of Receipt 05 01 2014 Transaction ID : C2778349 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. Susan E. Bartlemay Mailing Address 400 Hampton Dr Lot 67 City Allen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 75013-3630	Date of Receipt 06 01 2014 Transaction ID : C2778350 Amount of Each Receipt this Period 40.00
Bartlemay Professional Services, Inc.         Receipt For:         Primary       General         Other (specify) ▼	President Aggregate Year-to-Date ▼ 550.00	]
Full Name (Last, First, Middle Initial)         Lauren E. Bode         Mailing Address 824 Watson St         City         Memphis         FEC ID number of contributing federal political committee.         Name of Employer         University of Tennessee Health Science         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code TN 38111 C Occupation Information Requested Aggregate Year-to-Date ▼ 1329.72	Date of Receipt
SUBTOTAL of Receipts This Page (option	al)	559.85
TOTAL This Period (last page this line nu	mber only)	

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IT	EMIZED RECEIPTS	Use separate schedule(s) for each category of the			c only		́г							
			Detailed Summary Page		11a 13		11b 14	11c	12	г	17			
	y information copied from such Reports and St for commercial purposes, other than using the			erson for	the	purp	ose of	soliciting	g contri	ibutio	ns			
	NAME OF COMMITTEE (In Full) American Pharmacists Associat	ion Politi	cal Action Committee											
Α.	Full Name (Last, First, Middle Initial) Lauren E. Bode Mailing Address 824 Watson St				ate of	Rec	D D	/ Y	Y		1			
	City Memphis	State TN	Zip Code 38111	05     01     2014       Transaction ID : C2778736       Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,			21.0	0			
	Name of Employer University of Tennessee Health Science Receipt For:	Occupation Information Aggregate												
	Primary General Other (specify) ▼		1329.72											
в.	Full Name (Last, First, Middle Initial) Lauren E. Bode			Da	ite of	Rec	ceipt							
	Mailing Address 824 Watson St			R/	05	/	01	/ Y	y 2014	Y Y				
	City Memphis	State TN	Zip Code 38111	Transaction ID : C2778737 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,			00.0	0			
	Name of Employer University of Tennessee Health Science	Occupation Information												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1329.72											
C.	Full Name (Last, First, Middle Initial)			Da	ite of	Rec	ceipt							
	Mailing Address 824 Watson St			N	05	/	01	/ Y	2014		1			
	City Memphis	State TN	Zip Code 38111					C27787 eceipt th		iod	_			
	FEC ID number of contributing federal political committee.	С			louin		,			187.0	0			
	Name of Employer	Occupation		_										
	University of Tennessee Health Science	Information	Requested	_										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1329.72											
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		Detailed Summary Page		11a 13		11b 14	11c	12 16	17		
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose of	soliciting	g contribu	utions		
NAME OF COMMITTEE (In Full) American Pharmacists Asso	-										
Full Name (Last, First, Middle Initial) Lauren E. Bode Mailing Address 824 Watson St				Date o							
City	State	Zip Code		м – м 05 Тгарс		01	C27787:	2014	Ŷ		
Memphis	TN	38111					Receipt th		1		
FEC ID number of contributing federal political committee.	C			_		<b>7</b>	7	27	5.00		
Name of Employer University of Tennessee Health Science	Occupation Information	n Requested									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1329.72	]								
Full Name (Last, First, Middle Initial) Lauren E. Bode						eceipt					
Mailing Address 824 Watson St		05 01 <u>Y Y Y Y</u> 05 01 2014									
City Memphis	State TN	Zip Code 38111					C277874 Receipt th		4		
FEC ID number of contributing federal political committee.	С			anoun		,			5.87		
Name of Employer University of Tennessee Health Science	Occupation Information										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1329.72	]								
Full Name (Last, First, Middle Initial) C. Lauren E. Bode				Date o	f Re	eceipt					
Mailing Address 824 Watson St				м м 05	/	D 01		ү ү 2014	Y		
City Memphis	State TN	Zip Code 38111					C27787		1		
FEC ID number of contributing federal political committee.	С					,	7	39	0.00		
Name of Employer	Occupation	1									
University of Tennessee Health Science	Information	Requested									
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			Detailed Summary Page	X	11a 13		11b 14		11c	$\square$	12 16	17	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associat										-		
A.	Full Name (Last, First, Middle Initial) Daniel E. Buffington			Date of	Re	ceipt							
	Mailing Address 6406 S Queensway Drive				м м 05	/	D 01		/ Y	Y 20	) 14	Y	
	City Tampa	State FL	Zip Code 33617-2438	A					277844 eipt thi		eriod		
	FEC ID number of contributing federal political committee.	С					,		7	_	40.	00	
	Name of Employer Clinical Pharmacology Services, Inc.	Occupation President											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00										
B.	Full Name (Last, First, Middle Initial) Robin L. Cooke			[	Date of	Re	ceipt						
	Mailing Address 5642 Sapphire Loop	01-1-1	7. 0. 1.		м м 05	/	D 19		/ Y	ү 20	)14	Y	
	City Anchorage	State AK	Zip Code 99504	A					2778558 eipt thi		eriod		
	FEC ID number of contributing federal political committee.	C 250.00									00		
	Name of Employer ALaska Family Medicine Residency Progr	Occupation Clinical pha	rmacist - faculty										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 265.00										
C.	Full Name (Last, First, Middle Initial) Robin L. Cooke				Date of	Re	ceipt						
	Mailing Address 5642 Sapphire Loop				м м 06	/	D 01		/ Y		Y 14	Y	
	City Anchorage	State AK	Zip Code 99504	A					277855 eipt thi		eriod		
	FEC ID number of contributing federal political committee.	С					,		7	_	15	.00	
	Name of Employer	Occupation	l										
	ALaska Family Medicine Residency Progr	Clinical pha	armacist - faculty										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		265.00										
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			Detailed Summary Page		11a 13		11b	11c		12 16	17					
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associati	cal Action Committee									-					
A.	Full Name (Last, First, Middle Initial) Angelica Costanzo Mailing Address 11981 Piccadilly Place			Date of Receipt												
	City	State	Zip Code	05 01 2014 Transaction ID : C2778672												
	Davie FEC ID number of contributing	FL	33325	Amount of Each Receipt this Period												
	federal political committee. Name of Employer	Occupation					7	7	-	555.	00					
	Palm Beach Atlantic University School	Information														
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00														
в.	Full Name (Last, First, Middle Initial) Angelica Costanzo Mailing Address 44864 Bisserille Bisserille						eceipt					-				
	Mailing Address 11981 Piccadilly Place		м м 06	ľ	01	/ Y	20	14	Y							
	City Davie	State FL	Zip Code 33325					C277867		oriod						
	FEC ID number of contributing federal political committee.	s l						Amount of Each Receipt this Period								
	Name of Employer Palm Beach Atlantic University School	Occupation Information														
	Receipt For:	Aggregate	Year-to-Date ▼ 570.00	]												
C.	Full Name (Last, First, Middle Initial) William E. Fassett				Date of	Re	eceipt									
	Mailing Address 2403 W Carolina Ct				м м 05	/	D D 01	/ Y		ү 14	Y					
	City Spokane	State WA	Zip Code 99208-8690					C277834 eceipt th		eriod						
	FEC ID number of contributing federal political committee.	С					7	7	_	40.	00					
	Name of Employer	Occupation		_												
	Washington State University	Professor														
	Receipt For:	Aggregate	Year-to-Date ▼ 290.00	]												
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			Detailed Summary Page		11a 13		11b 14		11c 15	H	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the											
$\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associati	on Politi	cal Action Committee									
Α.	Full Name (Last, First, Middle Initial) William E. Fassett				Date of	Re	eceipt	t				
	Mailing Address 2403 W Carolina Ct				M M 05			D 01	/ Y	20	) 014	Y
	City Spokane	State WA	Zip Code 99208-8690						ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		3	_	250.	00
	Name of Employer Washington State University	Occupation Professor	1									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	1								
B.	Full Name (Last, First, Middle Initial) Gregory A. Fox				Date of	Re	eceipt	t				
	Mailing Address 14049 Old Mill Ct	Otata	Zin Oode		м м 05	/		01	/ Y	ү 20	Y 14	Y
	City Carmel	State IN	Zip Code 46032-8508	-					277838 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		,	_	20.	00
	Name of Employer Kroger Pharmacies	Occupation Director	1									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]								
c.	Full Name (Last, First, Middle Initial) Gregory A. Fox				Date of	Re	eceipt	t				
	Mailing Address 14049 Old Mill Ct				м м 05	1	D	01	/ Y		)14	Y
	City Carmel	State IN	Zip Code 46032-8508						<b>277838</b> ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		3	_	250.	00
	Name of Employer	Occupation	1									
	Kroger Pharmacies Receipt For:	Director										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	]								
s	UBTOTAL of Receipts This Page (optional)						7		7		520.0	00
т	OTAL This Period (last page this line number o	only)					,		7			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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••			Detailed Summary Page		-		11b	11c		12	
<u> </u>					13		14	15		16	17
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	inting Deliti									
	American Pharmacists Assoc	ation Politi	cal Action Committee								
Α.	Full Name (Last, First, Middle Initial) Gregory A. Fox				Date o	f Re	eceint				
	Mailing Address 14049 Old Mill Ct				M M		D D	/ Y	Y	Y	Y
					06		01	J L		014	
	City Carmel	State IN	Zip Code 46032-8508	_			ion ID :				
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	FEC ID number of contributing federal political committee.	С					7	,	_	80.	00
	Name of Employer	Occupation	I								
	Kroger Pharmacies	Director									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		350.00								
в.	Full Name (Last, First, Middle Initial) Ed L. Hamilton				Date o	f Re	eceipt				
	Mailing Address PO Box 1432				05	/	01	/ Y	2(	014	Y
	City	State	Zip Code		Trans	act	ion ID :	C277840	01		
	Lake Alfred	FL	33850		Amoun	t of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	10.	00
	Name of Employer Regency Medical Center Pharmacy	Occupation Director	1								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Ed L. Hamilton				Date o	f Re	eceipt				
	Mailing Address PO Box 1432				м м 05	/	D D 01	/ Y		у 014	Y
	City	State	Zip Code		Trans	sact	ion ID :	C27784	02		
	Lake Alfred	FL	33850		Amoun	t of	Each R	eceipt th	nis F	<sup>o</sup> eriod	
	FEC ID number of contributing federal political committee.	С					7		_	500.	.00
	Name of Employer	Occupation	1								
	Regency Medical Center Pharmacy	Director									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		550.00	41.							
s	UBTOTAL of Receipts This Page (optional)	)		•					-	590.0	00
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	ED RECEIPTS		Use separate schedule(s) for each category of the	(check o	·	ne)			
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	mation copied from such Reports and St mmercial purposes, other than using the			rson for th		pose of	soliciting	g contribu	utions
	OF COMMITTEE (In Full) Brican Pharmacists Associat	ion Politi	cal Action Committee						
A. Ed L	ame (Last, First, Middle Initial) Hamilton			Date	of Re	eceipt			
Mailing	g Address PO Box 1432			06		01	) / Y	2014	Y
City Lake	Alfred	State FL	Zip Code 33850				C27784	03 nis Perioc	4
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Name	of Employer	Occupation		_					
Regen Receip	ncy Medical Center Pharmacy	Director		_					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00						
	ame (Last, First, Middle Initial)								
B. Lara				-	of Re		_		
waiing	g Address 5628 North Ames Ave			05	_	01		2014	Y
City		State	Zip Code				C277857		
Kansa		MO	64151	Amou	unt of	Each R	leceipt th	nis Perioc	1
	D number of contributing I political committee.	С				y		10	0.00
	of Employer sity of Missouri-Kansas City Sch	Occupation Pharmacist							
Receip			Year-to-Date ▼	_					
	Primary General Other (specify) v		590.00						
	ame (Last, First, Middle Initial) a Kerwin			Date	of Re	eceipt			
Mailing	g Address 5628 North Ames Ave			05		01	) / Y	2014	Y
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	as City	MO	64151	Amou	unt of	Each R	leceipt th	nis Perioc	ł
federa	D number of contributing I political committee.	С				y	7	2	5.00
	of Employer	Occupation							
Univer Receip	rsity of Missouri-Kansas City Sch	Pharmacist		_					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 590.00						
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36

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Pharmacists Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Lara Kerwin		Date of Receipt
Mailing Address 5628 North Ames Ave		05 01 2014
City Kansas City	State Zip Code MO 64151	Transaction ID : C2778573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	240.00
Name of Employer University of Missouri-Kansas City Sch Receipt For:	Occupation Pharmacist Intern Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	590.00	]
Full Name (Last, First, Middle Initial)         Lara Kerwin         Mailing Address 5628 North Ames Ave		Date of Receipt
City Kansas City	State Zip Code MO 64151	06 012014 Transaction ID : C2778574
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer University of Missouri-Kansas City Sch	Occupation Pharmacist Intern	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	
Full Name (Last, First, Middle Initial) C. Lara Kerwin		Date of Receipt
Mailing Address 5628 North Ames Ave		06 01 _2014 _
City Kansas City	State Zip Code MO 64151	Transaction ID : C2778575 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
University of Missouri-Kansas City Sch Receipt For:	Pharmacist Intern	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 590.00	
SUBTOTAL of Receipts This Page (optional)		555.00

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	<b>MIZED RECEIPTS</b> Use separate schedule(s) for each category of the Detailed Summary Page				nly one) 11b 14	11c	12 16	17
	ny information copied from such Reports and for commercial purposes, other than using							
	NAME OF COMMITTEE (In Full) American Pharmacists Assoc							
<b>A</b> .	,			Date	of Receipt			
	Mailing Address 3615 W. Cleveland St.			05		)1	2014	Y
	City Tampa	State FL	Zip Code 33609		nsaction ID Int of Each		613	d
	FEC ID number of contributing federal political committee.	С						3.00
	Name of Employer	Occupation	1					
	University of Florida College of Pharm Receipt For:	Information	Requested	_				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 449.50	]				
B	Full Name (Last, First, Middle Initial) Kelsey Lubbers			Date	of Receipt			
υ.	Mailing Address 3615 W. Cleveland St.			05	M / D	)1	_2014	Y
	City	State	Zip Code		saction ID			
	Татра	FL	33609	Amou	nt of Each	Receipt t	his Period	k
	FEC ID number of contributing federal political committee.	С					34	4.50
	Name of Employer University of Florida College of Pharm	Occupation Information						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 449.50					
	Full Name (Last, First, Middle Initial)		, , , , , , , , , , , , , , , , , , , ,	-				
C.	Kelsey Lubbers			Date	of Receipt			
	Mailing Address 3615 W. Cleveland St.			M 05		)1	2014	Y
	City Tampa	State FL	Zip Code 33609		nsaction ID			
	· · · · ·		55009	Amou	nt of Each	Receipt t	his Period	t
	FEC ID number of contributing federal political committee.	С					42	2.00
	Name of Employer	Occupation						
	University of Florida College of Pharm	Information	Requested	_				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		449.50					
s	<b>UBTOTAL</b> of Receipts This Page (optional)					7	109	9.50
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IT	EMIZED RECEIPTS	(check only one)           X           11a           11b           11b           11b           11b	12 16 17		
	ny information copied from such Reports and for commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) American Pharmacists Assoc				
<b>A</b> .	,			Date of Receipt	
	Mailing Address 3615 W. Cleveland St.				014
	City Tampa	State FL	Zip Code 33609	Transaction ID : C2778616 Amount of Each Receipt this F	
	FEC ID number of contributing federal political committee.	С			325.00
	Name of Employer	Occupation	1		
	University of Florida College of Pharm	Information	Requested		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 449.50	1	
— В	Full Name (Last, First, Middle Initial) Kelsey Lubbers			Date of Receipt	
	Mailing Address 3615 W. Cleveland St.			 	)14
	City	State	Zip Code	Transaction ID : C2778617	
	Татра	FL	33609	Amount of Each Receipt this F	'eriod
	FEC ID number of contributing federal political committee.	С		7 7 7	15.00
	Name of Employer University of Florida College of Pharm	Occupation Information			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify)		, 449.50		
<u> </u>	Full Name (Last, First, Middle Initial) David Medvedeff			Date of Receipt	
	Mailing Address 15045 Wind Whisper Drive				)14
	City Odessa	State FL	Zip Code 33556	Transaction ID : C2778488	
			33330	Amount of Each Receipt this F	'eriod
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer	Occupation	1		
	Gold Standard	CLINICAL_	PHARMACIST		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)				840.00
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т	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck onl	y or	ne)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associat	ion Politio	cal Action Committee								
Α.	Full Name (Last, First, Middle Initial) Gavin C. Meeks Mailing Address 1745 Belmonte Ave				Date of	_	ceipt		Y Y		
					05	/	01	) / Y	2014		
	City Jacksonville	State FL	Zip Code 32207-3117					C27787 Receipt tl		bd	
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	Name of Employer	Occupation									
	University of Florida College of Pharm	Information	Requested								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 259.00								
В.	Full Name (Last, First, Middle Initial) Gavin C. Meeks				Date of	f Re	ceipt				
	Mailing Address 1745 Belmonte Ave				м м 05	/	01	) / Y	2014	Y	1
	City Jacksonville	State FL	Zip Code 32207-3117					C27787 Receipt tl		bd	
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	Name of Employer University of Florida College of Pharm	Occupation Information									
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— C.	Full Name (Last, First, Middle Initial) Gavin C. Meeks				Date of	f Re	ceipt				
	Mailing Address 1745 Belmonte Ave				м м 06	/	01	) / Y	2014	Y	1
	City Jacksonville	State FL	Zip Code 32207-3117					C27787 Receipt tl		od	_
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	Name of Employer	Occupation									
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			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c 15		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose o	oliciting		ntribut	ions	_
$\left\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associat	ion Politi	cal Action Committee									_
A.	Full Name (Last, First, Middle Initial) Gavin C. Meeks				Date of	Re	eceipt					
	Mailing Address 1745 Belmonte Ave		7.0.1		м м 06	/	01	/ Y	20	ү )14	Y	
	City Jacksonville	State FL	Zip Code 32207-3117					277877 ceipt thi		eriod		_
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	Name of Employer University of Florida College of Pharm	Occupation Information										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 259.00									
в.	Full Name (Last, First, Middle Initial) Gavin C. Meeks				Date of	Re	eceipt					-
	Mailing Address 1745 Belmonte Ave	01-1-1	The Oracle		м м 06	1	01	 / Y	ү 20	ү 14	Y	
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	Name of Employer University of Florida College of Pharm	Occupation Information										
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C.	Full Name (Last, First, Middle Initial) Michael A. Mone				Date of	Re	eceipt					
	Mailing Address 75 Moss Glen Ct				м м 05	1	28	 / Y		ү 14	Y	
	O Fallon	State MO	Zip Code 63368					278453 ceipt thi		eriod		
	FEC ID number of contributing federal political committee.	С					,	7		100	00	
	Name of Employer	Occupation										
	Cardinal Health	VP Anti-Div	ersion	_								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00									
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	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) American Pharmacists Associati	on Politi	cal Action Comr	nittee								
Α.	Full Name (Last, First, Middle Initial) Michael A. Mone				С	Date o	f Re	ceipt				
	Mailing Address 75 Moss Glen Ct				l	м м 06	/	D 01	D / Y		) 14	Y
	City O Fallon	State MO	Zip Code 63368						C27784		- u' - d	
	FEC ID number of contributing federal political committee.	С		]	A	moun			Receipt t		130.	00
	Name of Employer Cardinal Health	Occupation VP Anti-Div										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2	230.00								
в.	Full Name (Last, First, Middle Initial) Thomas O. Munyer					)ate o	f Re	ceipt				
	Mailing Address 1945 NW 22nd St				[	м м 06	/	D 01		202	ү 14	Y
	City Gainesville	State FL	Zip Code 32605-3981						C27784 Receipt t		eriod	
	FEC ID number of contributing federal political committee.	С						,			45.	00
	Name of Employer University of Florida Gainesville.	Occupation Pharmacist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	30.00								
с.	Full Name (Last, First, Middle Initial) Thomas O. Munyer				С	)ate o	f Re	ceipt				
	Mailing Address 1945 NW 22nd St				l	м м 06	1	D 01		20	ү 14	Y
	City Gainesville	State FL	Zip Code 32605-3981						<b>: C27784</b> Receipt tl		eriod	
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	Name of Employer	Occupation	1									
	University of Florida Gainesville.	Pharmacist										
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			Detailed Summa			11a 13		11b 14	11c	1	2 6	17
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NAME OF COMMITTE	<sub>E (In Full)</sub> nacists Associati	on Politic	al Action Cor	nmittee								
Full Name (Last, First, <b>A.</b> Marilyn Osterhaus					C	ate of	Re	ceipt				
Mailing Address 918 V	/ Platt St, #2					м м 04	/	26	) / Y	y 201		Ŷ
City Maquoketa		State IA	Zip Code 52060-2038						C272156 leceipt th		riod	
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Name of Employer Osterhaus Pharmacy		Occupation Pharmacist										
Receipt For: Primary Other (specify) T	General	Aggregate	Year-to-Date ▼	300.00								
Bull Name (Last, First, Marilyn Osterhau Mailing Address 918 M	S				<b>-</b>   _	ate of ™■M	Re	ceipt	/ Y	Y		r
City Maquoketa		State IA	Zip Code 52060-2038						C274228 leceipt th			
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Name of Employer Osterhaus Pharmacy		Occupation Pharmacist										
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼	300.00								
Full Name (Last, First, Marilyn Osterha	JS					ate of	Re	ceipt				
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City Maquoketa		State IA	Zip Code 52060-2038		A				C276224 Receipt th		riod	
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Name of Employer Osterhaus Pharmacy		Occupation Pharmacist										
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$\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associat	ion Politi	cal Action Committee						
A.	Full Name (Last, First, Middle Initial) Matthew Osterhaus			Da	te of I	Receipt			
	Mailing Address 918 W Platt St, #2 Suite 2				 04	/ 0		2014	Y
	City Maquoketa	State IA	Zip Code 52060-2038				: C27215 Receipt tl	<mark>61</mark> his Period	
	FEC ID number of contributing federal political committee.	С				7	7		0.00
	Name of Employer Osterhaus Pharmacy	Occupation Pharmacist							
	Receipt For:		Year-to-Date ▼	_					
	Primary General Other (specify) ▼		400.00						
R	Full Name (Last, First, Middle Initial) Matthew Osterhaus			Da	te of I	Receipt			
υ.	Mailing Address 918 W Platt St, #2 Suite 2			M	<sup>™</sup>	, 0,	1	2014	Y
	City Maquoketa	State IA	Zip Code 52060-2038				: C27783	<b>73</b> nis Period	
	FEC ID number of contributing federal political committee.	С				7			.00
	Name of Employer Osterhaus Pharmacy	Occupation Pharmacist							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		400.00						
с.	Full Name (Last, First, Middle Initial) Matthew Osterhaus			Da	te of I	Receipt			
	Mailing Address 918 W Platt St, #2 Suite 2				05	/ D		2014	Y
	City Maguoketa	State IA	Zip Code 52060-2038				: C27844	60 his Period	
	FEC ID number of contributing federal political committee.	C				JI Each			0.00
	Name of Employer	Occupation							
	Osterhaus Pharmacy Receipt For:	Pharmacist		_					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
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	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	f solicitin	g con	ntributi	ons	_
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associat	ion Politi	cal Action Committee									
A.	Full Name (Last, First, Middle Initial) Matthew Osterhaus			D	ate o	f Re	eceipt					
	Mailing Address 918 W Platt St, #2 Suite 2				м м 05	/	26		20 <sup>-</sup>	Y 14	Y	
	City Maquoketa	State IA	Zip Code 52060-2038					C27422 Receipt t		əriod		
	FEC ID number of contributing federal political committee.	С					7			50.0	00	
	Name of Employer Osterhaus Pharmacy	Occupation Pharmacist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00									
в.	Full Name (Last, First, Middle Initial) Matthew Osterhaus				ate o	f Re	eceipt					_
	Mailing Address 918 W Platt St, #2 Suite 2	Ctoto	7in Code		м м 06	/	26	. L	201	ү 14	Y	
	City Maquoketa	State IA	Zip Code 52060-2038					C27622 Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					7			50.0	00	
	Name of Employer Osterhaus Pharmacy	Occupation Pharmacist										
	Receipt For:       Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Victoria S. Pennington				ate o	f Re	eceipt					
	Mailing Address 4869 Apple Grove Ct				м м 05		01		201	Y 14	Y	
	City Groveport	State OH	Zip Code 43125				-	: <b>C27785</b> Receipt t		eriod	_	
	FEC ID number of contributing federal political committee.	С					7			210.0	00	
	Name of Employer	Occupation	l	_								
	Ohio Northern University Raabe College Receipt For:		Requested									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00									
s	UBTOTAL of Receipts This Page (optional)						7	1.4		310.0	0	
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Pharmacists Associat	ion Politi	cal Action Committee									
Α.	Full Name (Last, First, Middle Initial) Katherine C. Petsos Mailing Address 618 Madison Ave				Date o		eceipt	D	/ Y		Ŷ	Y
	City Cape Canaveral	State FL	Zip Code 32920-2213				ion ID		<b>C277843</b> eceipt th			
	FEC ID number of contributing federal political committee.	С					7				500.	00
	Name of Employer Walgreen's	Occupation Manager										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 695.00									
в.	Full Name (Last, First, Middle Initial) Katherine C. Petsos			[	Date o	f Re	eceipt					
	Mailing Address 618 Madison Ave	State	Zip Code		м м 05			)1	/ Y	201	4	Y
	Cape Canaveral	FL	32920-2213						2277843 eceipt th		eriod	
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	Name of Employer Walgreen's	Occupation Manager										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 695.00									
C.	Full Name (Last, First, Middle Initial) Katherine C. Petsos				Date o	f Re	eceipt					
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# SCHEDULE A (FEC Form 3X) \_ \_ \_ \_

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PAGE 28 OF

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$\backslash$	NAME OF COMMITTEE (In Full)		_									
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American Pharmacists Association Political Action Committee         Full Name (Last, First, Middle Initial)         A. American Express         Mailing Address P.O. Box 53852         City       State         Phoenix       AZ         Bibliogram       AZ         Bibliogram       Category/ Type         Office Sought:       House         Disbursement For:       Senate         Prinsident       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         B. American Express         Mailing Address       P.O. Box 53852         City       State         Zip Code         Transaction ID : D159867         Amount of Each Disbursement         Category/ Type         Office Sought:       House         Disbursement For:         Senate       Primary         President       Other (specify)         State:       Disbursement         Mailing Address       P.O. Box 53852         City       State       Zip Code	ontributions
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	City Mc Lean	State Zip Code VA 22102				Trans	sacti	ion ID	: D1	59861		
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Α.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign	Commit	tee					Date c	of Dis	sburse	en	nent			
	Mailing Address 120 Maryland Ave NE							06	/	D	16			2014	Y
	City Washington	State DC	Zip Code 20002					Tran	sacti	ion IC	):	D158	999		
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Α.	JOHNSON FOR CONGRESS							Date o	f Dis	sburse	em	ent				
	Mailing Address PO BOX 14496							05	/	0	D )1			014	Y	
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Ь.	PERLMUTTER FOR CONGRESS															
	Mailing Address 3440 YOUNGFIELD STREET							м м 05	/	D	30			014	Ŷ	
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C.	JIM RENACCI FOR CONGRESS							Date o	f Dis	sburse	em	ent				
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	Mailing Address 150 SMOKERISE DRIVE							04		2	22	11	2	014		
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А.	FRIENDS OF JOE PITTS						Date of	t Dis					
	Mailing Address PO BOX 775						04	/	2			014	Y
	City S Unionville	State PA	Zip Code 19375				Trans	acti	on ID	: D1576	99		
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в.	Full Name (Last, First, Middle Initial) POMPEO FOR CONGRESS INC						Date of	f Dis	sburse	ment			
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	Mailing Address PO BOX 780146		Zip Code				06		2	6	_ 20	014	
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	Rep. Mike Pompeo			Ty	ype			-	7	7	-	1000	.00
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	State: KS District: 04												
C.	Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RA	LPH HAL	L - ROCKWALI	_, TEX	XAS	5)	Date of	f Dis					
	Mailing Address POST OFFICE BOX 711						06	/	0			)14	Y
	City S ROCKWALL				Trans	sacti	ion ID	: D1598	77				
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<u> </u>	Full Name (Last, First, Middle Initial)																
Α.	DR. RAUL RUIZ FOR CONGRESS 2012 COMMITTEE								Date of Disbursement								
	Mailing Address 73373 COUNTRY CLUB DRIVE #1904							05 29 2014									
	5	State Zip Code					Transaction ID : D158515										
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в.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR USSENATE INC						Date of Disbursement										
	Mailing Address PO BOX 433							05 / D D / Y Y Y Y 13 2014									
	GREAT BEND	State KS	Zip Code 67530				Transaction ID : D158514										
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C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE						Date of Disbursement										
	Mailing Address 232 NE 9TH AVENUE							04 / D D / Y Y Y Y 2014									
	PORTLAND	State OR	Zip Code 97232				Trar	nsact	ion IC	):[	015770	01					
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