

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
American Pharmacists Association Political Action Committee

ADDRESS (number and street) 2215 Constitution Avenue, NW
Check if different than previously reported. (ACC) Washington DC 20037

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00193854 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y
11 / 27 / 2012 through 12 / 31 / 2012

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

Type or Print Name of Treasurer Mr. Joe Janela

Signature of Treasurer Mr. Joe Janela [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y
03 / 27 / 2013

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="2012"/>		97114.48
(b) Cash on Hand at Beginning of Reporting Period.....	96735.14	
(c) Total Receipts (from Line 19)	5397.00	80595.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102132.14	177709.65
7. Total Disbursements (from Line 31).....	2107.33	77684.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	100024.81	100024.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	2280.00	12075.00
(ii) Unitemized	3117.00	68520.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5397.00	80595.17
(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)	5397.00	80595.17
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))..... ▶	5397.00	80595.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5397.00	80595.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	971.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	971.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2107.33	76713.78
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)) ..	2107.33	77684.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2107.33	77684.84

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)	5397.00	80595.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5397.00	80595.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	971.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	971.06

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment is to correct Cash on Hand on January 1.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Tery bASKIN

Mailing Address 2 Live Oaks Ct

City Little Rock State AR Zip Code 72223

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

Name of Employer RxResults, LLC Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 31 / 2012
Transaction ID : C1889975

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Allan D. Bell

Mailing Address 45 Main Street
PO Box 1056

City Nantucket State MA Zip Code 02554

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

Name of Employer Nantucket Pharmacy Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 05 / 2012
Transaction ID : C1917791

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. William Blakesley RPh

Mailing Address 124 W Main St
124 W Main St

City Manchester State IA Zip Code 52057-1534

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

Name of Employer The Medicine Shoppe Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
12 / 31 / 2012
Transaction ID : C1917846

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 13
(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. Mark D. Boesen

Mailing Address 2730 E Mead Ct

City State Zip Code
 Phoenix AZ 85298

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

Name of Employer Occupation
 Information Requested Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012

Transaction ID : C1885763

Amount of Each Receipt this Period
 600.00

Full Name (Last, First, Middle Initial)
B. Cynthia J Boyle

Mailing Address 12334 High Stakes Dr.

City State Zip Code
 Reisterstown MD 21136

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

Name of Employer Occupation
 UMES Pharmacist-educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1875075

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
c. Cynthia J Boyle

Mailing Address 12334 High Stakes Dr.

City State Zip Code
 Reisterstown MD 21136

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

Name of Employer Occupation
 UMES Pharmacist-educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : C1889829

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 13
(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. Patrick G. Clay

Mailing Address 5053 Brownridge Drive

City Shawnee State KS Zip Code 66218

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

Name of Employer APhA Occupation Science Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : C1885764

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Steve C. Firman

Mailing Address 128 Main St, Ste C

City Cedar falls State IA Zip Code 50613

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

Name of Employer Pharmacy Marketing Group Occupation CEO/Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : C1918464

Amount of Each Receipt this Period
 45.00

Full Name (Last, First, Middle Initial)
C. Nicki L. Hilliard

Mailing Address 4301 W Markham St

City Little Rock State AR Zip Code 72205-7101

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

Name of Employer UAMS College of Pharmacy Occupation Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : C1917798

Amount of Each Receipt this Period
 500.00

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 10 OF 13
	<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. Michael D. Hogue
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Cherry Blossom Lane

City Mt Olive	State AL	Zip Code 35117
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FEC ID number of contributing federal political committee. **C**

Name of Employer Samford University	Occupation Professor/Pharmacist
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2012

Transaction ID : C1886979

Amount of Each Receipt this Period

50.00

B. Denise Kehoe
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1111

City Deerfield	State IL	Zip Code 60015
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Pharmacist
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

Transaction ID : C1887984

Amount of Each Receipt this Period

50.00

C. Thomas E. Menighan
Full Name (Last, First, Middle Initial)

Mailing Address 7011 Clinton Court

City Annapolis	State MD	Zip Code 21403
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FEC ID number of contributing federal political committee. **C**

Name of Employer APhA	Occupation Executive
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

Transaction ID : C1887983

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 11 OF 13
(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. Full Name (Last, First, Middle Initial)
Pamela A. Whitmire

Mailing Address 202 Nottingham Way

City Anderson State SC Zip Code 29621

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

Name of Employer Southwest Carolina Treatment Center Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1045.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886329

Amount of Each Receipt this Period
25.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	2280.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
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
service fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

Transaction ID : D140271

Amount of Each Disbursement this Period

6.46

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
credit card transtion fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2012			

Transaction ID : D140273

Amount of Each Disbursement this Period

90.85

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution to a federal candidate

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House Senate President
State: NJ District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2012			

Transaction ID : D139682

Amount of Each Disbursement this Period

1000.00

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

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

1097.31

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**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. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City State Zip Code
DES MOINES IA 50304

Purpose of Disbursement
Contribution to a federal candidate

Candidate Name
Sen. Tom Harkin

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IA District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2012

Transaction ID : D139870

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wachovia

Mailing Address NC8502 PO Box 563966

City State Zip Code
Charlotte NC 28262

Purpose of Disbursement
bank fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 11 / 2012

Transaction ID : D140272

Amount of Each Disbursement this Period

10.02

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1010.02

2107.33