PAGE 1 / 28

Image# 201604139012320780

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo		Authorized Comn	nittee	Office U	se Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If over the line		L2FE4M5	
American Pharmacists	Association Polit	tical Action Com	mittee		1
ADDRESS (number and street)	2215 Constitution Ave	nue, NW			
Check if different than previously reported. (ACC)	Washington			DC 2003	7
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦	S7	TATE 🛦	ZIP CODE A
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) X January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)	PRE-Election Report for t	he: Conventi	on (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S)
Termination Report (TER)	E	Election on	/ D D / Y	YYYY	in the State of
5. Covering Period 10	01 2	015 throug		31 20	
I certify that I have examined this Type or Print Name of Treasurer	Report and to the be	est of my knowledge a	nd belief it is true,	, correct and comple	te.
Signature of Treasurer Mr. Journal	e Janela	[Electron	ically Filed] Dat	0.4	2016
NOTE: Submission of false, erroneo	ous, or incomplete infor	mation may subject the	person signing this	Report to the penalti	es of 2 U.S.C. §437g.
Office Use					FORM 3X Rev. 12/2004

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: 10 01 2015 To: 12 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		89658.35
	(b) Cash on Hand at Beginning of Reporting Period	37425.70	
	(c) Total Receipts (from Line 19)	19165.50	67124.59
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56591.20	156782.94
7.	Total Disbursements (from Line 31)	11850.46	112042.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44740.74	44740.74
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Pharmacists Association Political Action Committee

I. Receipts Ins (other than loans) From: Ins (other than loans)	7300.00 11865.50	COLUMN B Calendar Year-to-Date 26994.79 40129.80
uals/Persons Other Political Committees mized (use Schedule A) itemized	11865.50	
Political Committees mized (use Schedule A) itemized TAL (add	11865.50	
itemized TAL (add	11865.50	
itemizedTAL (add	11865.50	
TAL (add		40129.80
· · · · · · · · · · · · · · · · · · ·	19165 50	
	10.00.00	67124.59
al Party Committees	0.00	0.00
Political Committees as PACs)	0.00	0.00
Contributions (add Lines		
i), (b), and (c)) (Carry		
to Line 33, page 5)▶	19165.50	67124.59
rom Affiliated/Other		
mittees	0.00	0.00
Descived	0.00	0.00
received	0.00	0.00
vments Received	0.00	0.00
	7	
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7	7
Candidates and Other		
	0.00	0.00
		7
·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	4	
	0.00	0.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
ounds (fuers Cabadula III)	0.00	0.00
unds (Irom Schedule H5)	7	7
ansfers (add 18(a) and 18(b))	0.00	0.00
	as PACs)	Contributions (add Lines iii), (b), and (c)) (Carry to Line 33, page 5)

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
(a) All	ing Expenditures: ocated Federal/Non-Federal tivity (from Schedule H4)		
(i)	Federal Share	0.00	0.00
(ii)	Non-Federal Share	0.00	0.00
٠,	her Federal Operating		
	penditures	849.46	12541.20
	tal Operating Expenditures dd 21(a)(i), (a)(ii), and (b))	849.46	12541.20
	ers to Affiliated/Other Party		
Commi 23. Contrib	ttees	0.00	0.00
Federa	l Candidates/Committees her Political Committees	11000.00	95000.00
	ndent Expenditures	0.00	0.00
25. Coordir	chedule E)nated Party Expenditures	0.00	0.00
(2 U.S. (use So	C. §441a(d)) chedule F)	0.00	0.00
6. Loan R	lepayments Made	0.00	0.00
7 Loans	Made	0.00	0.00
Refund	s of Contributions To:		
Th	an Political Committees	1.00	4501.00
(b) Po	olitical Party Committees	0.00	0.00
` '	her Political Committees uch as PACs)	0.00	0.00
(D - T			, , , , , , , , , , , , , , , , , , , ,
` '	tal Contribution Refunds dd Lines 28(a), (b), and (c))	1.00	4501.00
	-		
9. Other [Disbursements	0.00	0.00
	I Election Activity (2 U.S.C. §431(20))		
` '	ocated Federal Election Activity om Schedule H6)		
	Federal Share	0.00	0.00
/**	III assirell Ob aus	0.00	0.00
	"Levin" Sharederal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
. ,	tal Federal Election Activity (add nes 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1 Total D	isbursements (add Lines 21(c), 22,		
	25, 26, 27, 28(d), 29 and 30(c))	11850.46	112042.20
	ederal Disbursements ct Line 21(a)(ii) and Line 30(a)(ii)		
	ne 31)	11850.46	112042.20

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19165.50	67124.59
4. Total Contribution Refunds (from Line 28(d))	1.00	4501.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19164.50	62623.59
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	849.46	12541.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	849.46	12541.20

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F3XA Transaction ID :

Accounting reconciliation error.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 7 OF 28

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Pharmacists Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Tery L Baskin Mailing Address 2 Live Oaks Ct City Little Rock FEC ID number of contributing federal political committee. Name of Employer RxResults Receipt For: Primary General Other (specify)	State Zip Code AP 72223-9253 C Occupation Pharmacist Aggregate Year-to-Date ▼ 1095.00	Date of Receipt 12 29 2015 Transaction ID: C3228601 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) Geoffrey Becker Mailing Address 3906 Cragmont Dr. geoff.bckr@gmail.com City Tampa FEC ID number of contributing federal political committee. Name of Employer West Coast Nuclear Pharmacy Receipt For: Primary General Other (specify)	State Zip Code FL 33619 C Occupation Pharmacist/ Owner Aggregate Year-to-Date ▼	Date of Receipt 10 22 2015 Transaction ID: C3123635 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Michael Blaire Mailing Address 7631 E Indian School Rd City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Diamondback Drugs Receipt For: Primary General Other (specify)	State Zip Code AZ 85251 C Occupation Pharmacist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 10 26 2015 Transaction ID: C3179587 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 8 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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) Amber L. Briggs Date of Receipt Mailing Address PO Box 2605 NULL 2015 10 31 City Zip Code State Transaction ID: C3200903 Soldotna ΑK 99669-2605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Clinical Pharmacist Central Peninsula Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amber L. Briggs Date of Receipt Mailing Address PO Box 2605 **NULL** 11 30 2015 City State Zip Code Transaction ID: C3246721 ΑK Soldotna 99669-2605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Central Peninsula Hospital Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Amber L. Briggs Date of Receipt Mailing Address PO Box 2605 12 31 2015 NULL City State Zip Code Transaction ID: C3246798 AK Soldotna 99669-2605 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer Occupation Clinical Pharmacist Central Peninsula Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: **PAGE** 9 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Carol A Bugdalski Stutrud Date of Receipt Mailing Address 3330 Sutton Ln NULL 10 2015 10 City Zip Code State Transaction ID: C3114203 Commerce Twp MI 48390-1219 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation CONSULTANT Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ed L. Hamilton Date of Receipt Mailing Address PO Box 1432 **NULL** 10 07 2015 City State Zip Code Transaction ID: C3246711 FL Lake Alfred 33850-1432 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation Regency Medical Center Pharmacy DIR_ASSOC_OR_ASST_DIR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 640,00 Full Name (Last, First, Middle Initial) c. Starlin C Haydon-Greatting Date of Receipt Mailing Address 3601 Melissa Drive 2015 10 05 City State Zip Code Transaction ID: C3110684 IL Springfield 62711-9600 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Pharmacist IPhA PSMP Receipt For: Aggregate Year-to-Date ▼ Primary General -175.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 10 OF 28 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) American Pharmacists Association	n Political Action Committee	
Name of Employer IPhA PSMP Receipt For: Primary Other (specify) ▼ A	State Zip Code IL 62711-9600 C ccupation narmacist ggregate Year-to-Date ▼ -175.00	Date of Receipt 10 29 2015 Transaction ID: C3181801 Amount of Each Receipt this Period 25.00 Memo Item
Medway FEC ID number of contributing federal political committee. Name of Employer VA Boston Healthcare System Property For:	State Zip Code MA 02053-2439 C ccupation narmacist ggregate Year-to-Date ▼ 400.00	Date of Receipt 10 30 2015 Transaction ID: C3181820 Amount of Each Receipt this Period 25.00 Memo Item
Name of Employer O VA Boston Healthcare System Placeint For:	State Zip Code MA 02053-2439 C ccupation harmacist ggregate Year-to-Date ▼ 400.00	Date of Receipt 11 03 2015 Transaction ID : C3183951 Amount of Each Receipt this Period 100.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	•	150.00
TOTAL This Period (last page this line number only	·)	

FOR LINE NUMBER: PAGE 11 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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) Susan M Holden Date of Receipt Mailing Address 15 Juniper Rd NULL 30 2015 11 City Zip Code State Transaction ID: C3200796 MA 02053-2439 Medway Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer Occupation Pharmacist VA Boston Healthcare System Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan M Holden Date of Receipt Mailing Address 15 Juniper Rd **NULL** 30 12 2015 City State Zip Code Transaction ID: C3222168 MA 02053-2439 Medway Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation VA Boston Healthcare System Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400,00 Full Name (Last, First, Middle Initial) c. Gary W. Kadlec Date of Receipt Mailing Address 3641 Warwick Dr. 2015 11 11 NULL City State Zip Code Transaction ID: C3200855 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation **PRESIDENT** Diplomat Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of Detailed Summary F	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	iation Political Action Comn	nittee
Full Name (Last, First, Middle Initial) Thomas E Menighan Mailing Address 7011 Clinton Ct City Annapolis FEC ID number of contributing federal political committee. Name of Employer American Pharmacists Association Receipt For: Primary General Other (specify)	State Zip Code MD 21403-7602 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt 10 19 2015 Transaction ID: C3120008 Amount of Each Receipt this Period 50.00 Memo Item
Full Name (Last, First, Middle Initial) Thomas E Menighan Mailing Address 7011 Clinton Ct City Annapolis FEC ID number of contributing federal political committee. Name of Employer American Pharmacists Association Receipt For: Primary General Other (specify)	State Zip Code MD 21403-7602 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt 11 19 2015 Transaction ID : C3195409 Amount of Each Receipt this Period 50.00 Memo Item
Full Name (Last, First, Middle Initial) Thomas E Menighan Mailing Address 7011 Clinton Ct City Annapolis FEC ID number of contributing federal political committee. Name of Employer American Pharmacists Association Receipt For: Primary General Other (specify)	State Zip Code MD 21403-7602 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt 12 19 2015 Transaction ID: C3228579 Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numb	er only)	

	FOF	LINE	NU	MBER	:	PAGE	1	I3 OF	=	28
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,,g.		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) Marsha K. Millonig JR Date of Receipt Mailing Address 3153 Doneene Lane 10 2015 18 City State Zip Code Transaction ID: C3119449 MN Eagan 55121 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation Catalyst Enterprises, LLC Consulting Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Mixon Date of Receipt Mailing Address 750 4th St SW 10 2015 11 City State Zip Code Transaction ID: C3114240 NC Hickory 28602-3401 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation The Compounding Pharmacy **OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr 09 2015 10 City State Zip Code Transaction ID: C3246712 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer Occupation **Pharmacist** Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 2320.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 15 OF 28

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Pharmacists Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Marilyn S. Osterhaus Mailing Address 918 W Platt St City Maquoketa FEC ID number of contributing federal political committee. Name of Employer Osterhaus Pharmacy Receipt For: Primary Other (specify)	State Zip Code IA 52060-2038 C Occupation Pharmacist Aggregate Year-to-Date ▼ 800.00	Date of Receipt 11 09 2015 Transaction ID : C3189511 Amount of Each Receipt this Period 50.00 Memo Item
Full Name (Last, First, Middle Initial) Marilyn S. Osterhaus Mailing Address 918 W Platt St City Maquoketa FEC ID number of contributing federal political committee. Name of Employer Osterhaus Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IA 52060-2038 C Occupation Pharmacist Aggregate Year-to-Date ▼ 800.00	Date of Receipt 12 09 2015 Transaction ID : C3228595 Amount of Each Receipt this Period 50.00 Memo Item
Full Name (Last, First, Middle Initial) Matthew Osterhaus Mailing Address 918 W Platt St City Maquoketa FEC ID number of contributing federal political committee. Name of Employer Osterhaus Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IA 52060 C Occupation Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 10 09 2015 Transaction ID : C3113985 Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one)

ſ	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\rangle	NAME OF COMMITTEE (In Full) American Pharmacists Association	on Politio	cal Action Committee	
Δ.	Osterhaus Pharmacy Receipt For: Primary General Other (specify)	State IA C Occupation Pharmacist Aggregate	Zip Code 52060 Year-to-Date ▼	Date of Receipt 11 09 2015 Transaction ID: C3189512 Amount of Each Receipt this Period 50.00 Memo Item
3.	Ostarbaus Pharmany	State IA C Occupation Pharmacist Aggregate	Zip Code 52060 Year-to-Date ▼	Date of Receipt 12 09 2015 Transaction ID : C3228582 Amount of Each Receipt this Period 50.00 Memo Item
Э.	Full Name (Last, First, Middle Initial) Mike G. Pavlovich Mailing Address 238 Savona Walk City Long Beach FEC ID number of contributing federal political committee. Name of Employer Westcliff Compounding Pharmacy Receipt For: Primary General Other (specify)		Zip Code 90803-5026 IST_GENERAL Year-to-Date ▼	Date of Receipt 10 26 2015 Transaction ID: C3179538 Amount of Each Receipt this Period 100.00 Memo Item
	UBTOTAL of Receipts This Page (optional)		·····	200.00
Т	OTAL This Period (last page this line number or	nlv)		

FOR LINE NUMBER: PAGE 17 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Garth K. Reynolds Date of Receipt Mailing Address 1837 South Walnut Street 2015 10 27 City State Zip Code Transaction ID : C3180531 Springfield IL 62704 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Illinois Pharmacists Association Pharmacists - Executive Director Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) B. Garth K. Reynolds Date of Receipt Mailing Address 1837 South Walnut Street 11 27 2015 City State Zip Code Transaction ID: C3200704 IL Springfield 62704 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation Illinois Pharmacists Association Pharmacists - Executive Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name (Last, First, Middle Initial) c. Garth K. Reynolds Date of Receipt Mailing Address 1837 South Walnut Street 12 27 2015 City Zip Code State Transaction ID: C3220462 IL Springfield 62704 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer Occupation Pharmacists - Executive Director Illinois Pharmacists Association Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one)

I EMIZED	RECEIPTS		n category of the I Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
\	COMMITTEE (In Full) n Pharmacists Associati	on Political Action	on Committee	
A. Steven T. Mailing Addr City Anoka FEC ID num federal politic Name of Em Goodrich Ph Receipt For: Primar Other	armacy y General (specify) ▼	State Zip Co MN 55303 C Occupation OWNER Aggregate Year-to-Date	3-2405	Date of Receipt 10 21 2015 Transaction ID: C3200951 Amount of Each Receipt this Period 100.00 Memo Item
City Post Falls FEC ID num federal politic Name of Em Medicine Ma Receipt For: Primar	aber of contributing cal committee. Inployer In West Pharmacy	State Zip Co ID 83854 C Occupation PHARMACIST_GENER Aggregate Year-to-Date	RAL	Date of Receipt 10 31 2015 Transaction ID: C3200936 Amount of Each Receipt this Period 100.00 Memo Item
City Post Falls FEC ID num federal politic Name of Em Medicine Ma Receipt For: Primar	aber of contributing cal committee.	State Zip Co ID 83854 C Occupation PHARMACIST_GENE Aggregate Year-to-Date	RAL	Date of Receipt 11 30 2015 Transaction ID: C3246775 Amount of Each Receipt this Period 100.00 Memo Item
SUBTOTAL of	f Receipts This Page (optional)		······	300.00
TOTAL This P	eriod (last page this line number o	nlv)		

FOR LINE NUMBER: PAGE 19 OF 28 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Donald Smith Date of Receipt Mailing Address 802 E Medical Ct 2015 12 31 City Zip Code State Transaction ID: C3246795 ID Post Falls 83854 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation PHARMACIST GENERAL Medicine Man West Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 940.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy L. Tucker Date of Receipt Mailing Address 553 Tara Ln **NULL** 12 09 2015 City State Zip Code Transaction ID: C3228610 TN Huntingdon 38344-1705 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation City Drug Company **OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1080.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... 7300.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 20 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
	<u> </u>	27	28a 28b	28c 29 30
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NAME OF COMMITTEE (In Full)	sile address of any point		20 0011110411011	
American Pharmacists Association	Political Action Co.	mmittee		
American i marmacists Association	Trollical Action Co			
Full Name (Last, First, Middle Initial)			Date of District	- mant
^{A.} American Express			Date of Disburs	
Mailing Address P.O. Box 53852			10	2015
City	State Zip Code			
Phoenix	AZ 85072-3852		Transaction ID): D170610
Purpose of Disbursement American Express fee		C'an'		
		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		2.40
Office Sought: House Disburser	ment For:	туре	Memo Item	
Senate	Primary General		Memo item	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Disburs	
Mailing Address P.O. Box 53852			M = M / D	05 2015
waining Address P.O. BOX 53852				2015
City	State Zip Code		Transaction II) : D170611
Phoenix	AZ 85072-3852		anoaonon n	
Purpose of Disbursement American Express fee		001	Amount of Each	Disbursement this Period
Candidate Name			Amount of Laci	Dioduisoment tills i ellou
		Category/ Type		33.44
Office Sought: House Disburser	ment For:	71: -	Memo Item	
Senate	Primary General		_	
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. American Express			Date of Disburs	ement
S. American Express			M M / D	
Mailing Address P.O. Box 53852				2015
01	o			
City S Phoenix	State Zip Code AZ 85072-3852		Transaction II) : D170612
Purpose of Disbursement	7.2 03072 3032			
American Express fee		001	Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type		7.16
Office Sought: House Disburser			Memo Item	
Senate President	Other (specify) —		_	
State: District:	Other (specify) ▼			
Siotrot.				
SUBTOTAL of Disbursements This Page (optional)			1	43.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 OF			
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 28a	23 24 25 26 28b 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	c and addit	cos or arry point	car committee te	3011011 COTIL	ibutions from such committee.	
American Pharmacists Association	Political	Action Co	mmittee			
Full Name (Last, First, Middle Initial)				5		
A. Evalon Merchant Services					Disbursement	
Mailing Address 7300 Chapman Hwy				10	01 2015	
•	state	Zip Code		Transa	ction ID : D170613	
· ii · ox · · · · · ·	TN	37920-6612		Hallsa	CHOIL D. 170013	
Purpose of Disbursement Merchant Fee			001	Amount of	of Each Disbursement this Period	
Candidate Name			Category/	-	107.02	
			Type		107.93	
	nent For: Primary Other (spec	General		Memo	o Item	
State: District:						
Full Name (Last, First, Middle Initial) 5. Evalon Merchant Services				Date of I	Disbursement / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7300 Chapman Hwy				.,,	02 2015	
,	state TN	Zip Code 37920-6612		Transa	ction ID : D170614	
Purpose of Disbursement Merchant Fee			001	Amount o	of Each Disbursement this Period	
Candidate Name			Category/ Type		322.83	
	nent For: Primary Other (spec	General		Memo	o Item	
State: District:						
Full Name (Last, First, Middle Initial) Evalon Merchant Services					Disbursement	
Mailing Address 7300 Chapman Hwy				12	01 2015	
City	state	Zip Code		Transa	ction ID : D170615	
	TN	37920-6612		1141154	UNION ID . D1/0013	
Purpose of Disbursement Merchant Fee			001	Amount o	of Each Disbursement this Period	
Candidate Name			Category/	7	114.26	
	nent For: Primary Other (spec	☐ General	Туре	Memo	o Item	
State: District:	(-1-00	<i>→</i>				
SUBTOTAL of Disbursements This Page (optional)			·····		545.02	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE (check on		NE NUMBER: PAGE 22 OF 28 only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-					
NAME OF COMMITTEE (In Full) American Pharmacists Association			COLOR COMMISCIONI NOM COMMISCO.		
Full Name (Last, First, Middle Initial) A. QGiv, Inc.			Date of Disbursement		
Mailing Address 53 Lake Morton Dr.			10 02 / 2015		
Lakeland	tate Zip Code FL 33801		Transaction ID : D170616		
Purpose of Disbursement Merchant Fee Candidate Name		001	Amount of Each Disbursement this Period		
	cont For:	Category/ Type	5.44		
Senate	Primary General Other (specify)		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. QGiv, Inc.			Date of Disbursement		
Mailing Address 53 Lake Morton Dr.			11 03 2015		
•	tate Zip Code FL 33801		Transaction ID : D170617		
Merchant Fee		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	16.80		
President	nent For: Primary General Other (specify) ▼		Memo Item		
State: District: Full Name (Last, First, Middle Initial) C. QGiv, Inc.			Date of Disbursement		
Mailing Address 53 Lake Morton Dr.			12 02 / 2015		
Lakeland	tate Zip Code FL 33801		Transaction ID : D170618		
Purpose of Disbursement Merchant Fee Candidate Name		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	6.34		
	nent For: Primary General Other (specify) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		<u>-</u> _	28.58		

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 23 24 25 26
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Pharmacists Association	e and address of any political	committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	- Ontioal Action Collin		
Full Name (Last, First, Middle Initial) A. Wells Fargo			Date of Disbursement
Mailing Address 1753 Pinnacle Drive 3rd floor			10 13 2015
,	tate Zip Code VA 22102		Transaction ID : D170619
Bank Fee Candidate Name	[001 Category/	Amount of Each Disbursement this Period
		Type	Memo Item
Full Name (Last, First, Middle Initial) B. Wells Fargo			Date of Disbursement
Mailing Address 1753 Pinnacle Drive 3rd floor			11 12 2015
,	tate Zip Code VA 22102		Transaction ID : D170620
Bank Fee Candidate Name		001 Category/ Type	Amount of Each Disbursement this Period 127.06
	nent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) C. Wells Fargo			Date of Disbursement
Mailing Address 1753 Pinnacle Drive 3rd floor			12 11 2015
•	tate Zip Code VA 22102		Transaction ID : D170621
Bank Fee Candidate Name	[001 Category/ Type	Amount of Each Disbursement this Period 52.99
	nent For: Primary General Other (specify)	1,1,00	Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			232.86 849.46

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 24 OF 28
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	I nents may not be sold or use		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Pharmacists Association	Political Action Com	nmittee	
Full Name (Last, First, Middle Initial)	<u> </u>		Date of Dieleviscoment
A. Friendsgiving Committee			Date of Disbursement
Mailing Address P.O. Box 1174			12 02 2015
•	State Zip Code		Transaction ID : D170622
Springfield Purpose of Disbursement	VA 22151		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disbursen	nent For: 2016	Туре	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:	·		
Full Name (Last, First, Middle Initial)			
 Friendsgiving Committee 			Date of Disbursement
Mailing Address P.O. Box 1174			12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			02 2010
,	State Zip Code VA 22151		Transaction ID : D170623
Springfield Purpose of Disbursement	VA 22151		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
200	. =	Type	1000.00
	nent For: 2016		Memo Item
	Primary General Other (specify) ▼		
State: District:	onio (opooliy) ▼		
Full Name (Last, First, Middle Initial)			
BERA FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address POST OFFICE BOX 582496			12 22 2015
City	State Zip Code		Transaction ID - D460027
	CA 95758		Transaction ID: D169927
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Ami Bera		Type	1000.00
	nent For: 2016		Memo Item
Senate President	Other (specify) —		_
State: CA District: 07	Other (specify) ▼		
State. Of District. U/			
SUBTOTAL of Disbursements This Page (optional)			3000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 28
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	io and address of any pointed		Construction from Cash Committee.
American Pharmacists Association	Political Action Com	mittee	
American i narmacists Association	1 Ollical Action Con	millioc	
Full Name (Last, First, Middle Initial)			
A. PEOPLE FOR BEN			Date of Disbursement
Mailing Address PO BOX 31129			12 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C:h.	State Zin Code		
,	State Zip Code NM 87594		Transaction ID : D169460
Purpose of Disbursement	07554		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Ben Ray Lujan		Type	1000.00
	nent For: 2016		Memo Item
	Primary General Other (specify) ▼		
State: NM District: 03	Other (specify)		
Full Name (Last, First, Middle Initial)			
3. PASCRELL FOR CONGRESS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO Box 100			12 02 2015
	State Zip Code		Transaction ID : D169463
Teaneck Purpose of Disbursement	NJ 07666-0100		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			yundani di Eddi Biobardonicii und Fonda
Rep. Bill Pascrell Jr.		Category/ Type	1000.00
Office Sought: House Disbursen	nent For: 2016		Memo Item
	Primary General		
	Other (specify) ▼		
State: NJ District: 09			
Full Name (Last, First, Middle Initial)			Date of Disbursement
PASCRELL FOR CONGRESS			
Mailing Address PO Box 100			12 09 2015
	State Zip Code		Transaction ID : D172350
Teaneck Purpose of Disbursement	NJ 07666-0100		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Lacif Dispulsement this Period
Rep. Bill Pascrell Jr.		Type	1000.00
	nent For: 2016		Memo Item
	Primary General		
President Pictrict: 00	Other (specify) ▼		
State: NJ District: 09			
CLIPTOTAL of Dishuranments This Dage (artists)			3000.00
SUBTOTAL of Disbursements This Page (optional)		······	5555155
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF 28
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ente may not be cold or use		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	· ·		
American Pharmacists Association	Political Action Con	nmittee	
Full Name (Last, First, Middle Initial)			B (B)
A. COLLINS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 386			12 17 2015
,	State Zip Code		Transaction ID : D169809
CLARENCE	NY 14031		11d113d0ti011 1D 1 D103003
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Chris Collins Office Sought: House Disbursen	agent For: 2040	Туре	
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: NY District: 27			
Full Name (Last, First, Middle Initial)			
3. PAUL TONKO FOR CONGRESS			Date of Disbursement
Mailing Address 911 CENTRAL AVENUE			12 09 2015
City S ALBANY	State Zip Code NY 12206		Transaction ID : D172351
Purpose of Disbursement	12200		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name Rep. Paul Tonko		Category/	1000.00
•	nent For: 2016	Туре	Memo Item
	Primary General		Metho Item
	Other (specify) ▼		
State: NY District: 20			
Full Name (Last, First, Middle Initial)			Date of Dishursoment
PAUL TONKO FOR CONGRESS			Date of Disbursement
Mailing Address 911 CENTRAL AVENUE			12 02 2015
City	State Zip Code		Transaction ID D400404
ALBANY	NY 12206		Transaction ID : D169461
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Paul Tonko		Туре	1000.00
	nent For: 2016		Memo Item
Senate President	Primary General Other (specify) ▼		_
State: NY District: 20	Other (Specify)		
20			
SUBTOTAL of Disbursements This Page (optional)			3000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 27 OF 28
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	_		
American Pharmacists Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
Mailing Address 73373 COUNTRY CLUB DRIVE #1		Ē	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			12 11 2013
City S PALM DESERT	State Zip Code CA 92260		Transaction ID : D169650
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Raul Ruiz		Туре	1000.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: CA District: 36			
Full Name (Last, First, Middle Initial) B. FRIENDS OF TODD YOUNG, INC			Date of Disbursement
Mailing Address PO BOX 1053			12 02 2015
City S BLOOMINGTON Purpose of Disbursement	State Zip Code IN 47402		Transaction ID : D169462
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Todd Young		Category/	1000.00
	nent For: 2016	Туре	Memo Item
Senate President	Primary General Other (specify) ▼		
State: IN District: 09 Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only).			11000.00
TOTAL THIS FEHOU (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 28 OF 28
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)	
	Detailed Summary Page	21b	22 23 28b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any information copied from such Reports and Staten	lents may not be sold or us		1	
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Pharmacists Association	Political Action Cor	mmittee		
Full Name (Last, First, Middle Initial)			Data of Dishaman	
A. Dino Bethea			Date of Disbursem	
Mailing Address 110 Marter Ave Ste 309			10 08	2015
City	State Zip Code		Transaction ID :	D170685
Moorestown	NJ 08057-3124		mansaction ib .	D170003
Purpose of Disbursement Database Malfunction		010	Amount of Each D	isbursement this Period
Candidate Name		Category/		4.00
	_	Type		1.00
Office Sought: House Disbursen			Memo Item	
	Primary General Other (specify) ▼			
State: District:	Ctrior (opcomy)			
Full Name (Last, First, Middle Initial)				
3.			Date of Disburserr	nent
Mailing Address			M M / D D	/ Y Y Y Y Y
Maining Addition				
City	State Zip Code			
Purpose of Disbursement				
One Patrick Name			Amount of Each D	isbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Туре	Memo Item	
	Primary General		Memo Rem	
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disbursem	nent
			M M / D D	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each D	isbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Туре		
	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:				
				1.00
SUBTOTAL of Disbursements This Page (optional)		·····•		1.00
TOTAL This Period (last nage this line number only)				1.00