

# 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.   
American Pharmacists Association Political Action Committee

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

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

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

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Joe Janela

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		<input type="text" value="44740.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44740.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24032.01"/>	<input type="text" value="24032.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68772.75"/>	<input type="text" value="68772.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25638.90"/>	<input type="text" value="25638.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43133.85"/>	<input type="text" value="43133.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**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).....	10208.00	10208.00
(ii) Unitemized .....	13824.01	13824.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24032.01	24032.01
(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) .....	24032.01	24032.01
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))..... ▶	24032.01	24032.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24032.01	24032.01

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1138.90	1138.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1138.90	1138.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	24500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25638.90	25638.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25638.90	25638.90

**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) .....	24032.01	24032.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24032.01	24032.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1138.90	1138.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1138.90	1138.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<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	

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**

**A. James Alcorn**  
Full Name (Last, First, Middle Initial)

Mailing Address 5212 Creekmur Drive

City Lakeland State FL Zip Code 33812

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

Name of Employer BayCare Health System Occupation Pharmacist Intern

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  
 02 / 26 / 2016  
**Transaction ID : C3264397**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Christina Anz**  
Full Name (Last, First, Middle Initial)

Mailing Address 615 E 3rd St Apt. 449

City Pomona State CA Zip Code 91766

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : C3294652**

Amount of Each Receipt this Period  
 300.00

Memo Item

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

Mailing Address 45 Main St

City Nantucket State MA Zip Code 02554-6115

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  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2016  
**Transaction ID : C3294405**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 29  
(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. Richard P Gates**

Mailing Address 3 Durham Ct  
NULL

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2530.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2016  
**Transaction ID : C3295552**

Amount of Each Receipt this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Richard P Gates**

Mailing Address 3 Durham Ct  
NULL

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2530.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2016  
**Transaction ID : C3294602**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address P.O. Box 1432

City State Zip Code  
Lake Alfred FL 33850

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

Name of Employer Occupation  
Winter Have Women's Hospital Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2016  
**Transaction ID : C3253072**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3030.00

**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 8 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

**A. Richard J Hayney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 Augusta Dr  
 NULL  
 City Waunakee State WI Zip Code 53597-2245  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Meriter Hospital Occupation DIR\_ASSOC\_OR\_ASST\_DIR  
 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  
 02 / 01 / 2016  
**Transaction ID : C3294497**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Brian Komoto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 Ellington St  
 City Delano State CA Zip Code 93215-2621  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Komoto Pharmacy Occupation Pres/CEO  
 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  
 02 / 10 / 2016  
**Transaction ID : C3254864**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Michael A. Mone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4909 Scenic Creek Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Cardinal Health 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  
 01 / 08 / 2016  
**Transaction ID : C3295541**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 4909 Scenic Creek Dr

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cardinal Health	Occupation Pharmacist
-------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	26	/	2016

**Transaction ID : C3244437**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address 4909 Scenic Creek Dr

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cardinal Health	Occupation Pharmacist
-------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	12	/	2016

**Transaction ID : C3295542**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address 4909 Scenic Creek Dr

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cardinal Health	Occupation Pharmacist
-------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	04	/	2016

**Transaction ID : C3270154**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4909 Scenic Creek Dr

City Powell State OH Zip Code 43065

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

Name of Employer Cardinal Health Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 11 / 2016**

**Transaction ID : C3295544**

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Logan Murry**

Mailing Address 902 Benton Drive

City Iowa City State IA Zip Code 52246

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

Name of Employer Mercy Hospital Occupation Pharmacy Intern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **02 / 20 / 2016**

**Transaction ID : C3261878**

Amount of Each Receipt this Period **230.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Robert J. Osterhaus**

Mailing Address 216 Austin Ave

City Maquoketa State IA Zip Code 52060-2802

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

Name of Employer Osterhaus Pharmacy Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 19 / 2016**

**Transaction ID : C3261522**

Amount of Each Receipt this Period **500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>830.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mario Pedraza**

Mailing Address 4882 Butterbough Ave

City Orlando	State FL	Zip Code 32829-8236
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida	Occupation Student
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**Transaction ID : C3294587**

Amount of Each Receipt this Period  
5.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mario Pedraza**

Mailing Address 4882 Butterbough Ave

City Orlando	State FL	Zip Code 32829-8236
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida	Occupation Student
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

**Transaction ID : C3263502**

Amount of Each Receipt this Period  
260.00

Memo Item

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

Mailing Address 618 Madison Ave

City Cape Canaveral	State FL	Zip Code 32920-2213
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FEC ID number of contributing federal political committee. **C**

Name of Employer Walgreens	Occupation Pharmacist
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

**Transaction ID : C3254628**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	765.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Katherine C Petsos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 Madison Ave  
 City State Zip Code  
 Cape Canaveral FL 32920-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Walgreens Pharmacist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**515.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2016**  
**Transaction ID : C3294517**  
 Amount of Each Receipt this Period  
**15.00**  
 Memo Item

**B. Clara-Jessica Rances**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2827 Meridian Point Lane  
 crances@ufl.edu  
 City State Zip Code  
 Lakeland FL 33812-5830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A N/A  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**333.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 25 / 2016**  
**Transaction ID : C3264316**  
 Amount of Each Receipt this Period  
**333.00**  
 Memo Item

**C. Donald Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 E Medical Ct  
 City State Zip Code  
 Post Falls ID 83854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medicine Man West Pharmacy PHARMACIST\_GENERAL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2016**  
**Transaction ID : C3294578**  
 Amount of Each Receipt this Period  
**100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>448.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 13 OF 29
(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. Donald Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 E Medical Ct  
 City Post Falls State ID Zip Code 83854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medicine Man West Pharmacy PHARMACIST\_GENERAL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : C3294579**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Donald Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 E Medical Ct  
 City Post Falls State ID Zip Code 83854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medicine Man West Pharmacy PHARMACIST\_GENERAL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : C3294485**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**C. Donald Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 E Medical Ct  
 City Post Falls State ID Zip Code 83854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medicine Man West Pharmacy PHARMACIST\_GENERAL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : C3294486**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Donald Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 E Medical Ct

City Post Falls State ID Zip Code 83854

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

Name of Employer Occupation  
Medicine Man West Pharmacy PHARMACIST\_GENERAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 31 / 2016  
**Transaction ID : C3294580**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Jenelle L Sobotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 S Main Street  
Ohio Northern University

City Ada State OH Zip Code 45810

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

Name of Employer Occupation  
Ohio Northern University MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
03 / 04 / 2016  
**Transaction ID : C3294507**

Amount of Each Receipt this Period  
55.00

Memo Item

**C. Jenelle L Sobotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 S Main Street  
Ohio Northern University

City Ada State OH Zip Code 45810

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

Name of Employer Occupation  
Ohio Northern University MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
03 / 06 / 2016  
**Transaction ID : C3294508**

Amount of Each Receipt this Period  
150.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 15 OF 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Jason Sparks**

Mailing Address 120 Yelton Avenue

City Erwin State TN Zip Code 37650

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

Name of Employer East Tennessee State University Bill G Occupation student pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **02 / 24 / 2016**

**Transaction ID : C3263402**

Amount of Each Receipt this Period **280.00**

Memo Item

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

Mailing Address 1977 Player Cir N

City Melbourne State FL Zip Code 32935-4416

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

Name of Employer Health First Holmes Regional Medical C Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **02 / 20 / 2016**

**Transaction ID : C3261883**

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address 1977 Player Cir N

City Melbourne State FL Zip Code 32935-4416

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

Name of Employer Health First Holmes Regional Medical C Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **02 / 24 / 2016**

**Transaction ID : C3263307**

Amount of Each Receipt this Period **70.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**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 16 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kathy Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address 535 Watson Dr  
NULL

City Claremont State CA Zip Code 91711-4817

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

Name of Employer KGI School of Pharmacy Occupation Founding Dean

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2016  
**Transaction ID : C3264552**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Theresa L. Wells-Tolle**  
Full Name (Last, First, Middle Initial)

Mailing Address 5797 Treasure Ln  
theresa.tolle@baystreetpharmacy.co

City Grant State FL Zip Code 32949

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

Name of Employer Bay Street Pharmacy Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2016  
**Transaction ID : C3264771**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Karen Whalen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5120 NW 67th Street

City Gainesville State FL Zip Code 32653

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

Name of Employer University of Florida Occupation Clinical Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2016  
**Transaction ID : C3264676**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 800 Lakeshore Dr  
NULL

City Birmingham State AL Zip Code 35229-0001

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

Name of Employer Samford University Occupation Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2016

**Transaction ID : C3294558**

Amount of Each Receipt this Period  
900.00

Memo Item

**B. Donald H. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 257 140th Ave NE  
NULL

City Bellevue State WA Zip Code 98005-4728

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

Name of Employer WA State Board of Pharmacy Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2016

**Transaction ID : C3295498**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Donald H. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 257 140th Ave NE  
NULL

City Bellevue State WA Zip Code 98005-4728

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

Name of Employer WA State Board of Pharmacy Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2016

**Transaction ID : C3294500**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 29  
(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)  
**Donald H. Williams**

Mailing Address 257 140th Ave NE  
NULL

City Bellevue State WA Zip Code 98005-4728

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

Name of Employer WA State Board of Pharmacy Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
03 / 04 / 2016  
**Transaction ID : C3294494**

Amount of Each Receipt this Period  
15.00

Memo Item

**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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10208.00

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172375**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172376**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172377**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172384**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172385**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172374**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Vendor Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172381**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Vendor Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172382**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Vendor Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D172383**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 1753 Pinnacle Drive  
3rd floor

City State Zip Code  
Mc Lean VA 22102

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	6		

**Transaction ID : D172378**

Amount of Each Disbursement this Period

1	9	9	.	2	3
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 1753 Pinnacle Drive  
3rd floor

City State Zip Code  
Mc Lean VA 22102

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	1	6		

**Transaction ID : D172379**

Amount of Each Disbursement this Period

5	7	.	2	4
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address 1753 Pinnacle Drive  
3rd floor

City State Zip Code  
Mc Lean VA 22102

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	6		

**Transaction ID : D172380**

Amount of Each Disbursement this Period

1	0	1	.	1	2
---	---	---	---	---	---

Memo Item

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

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

3	5	7	.	5	9
---	---	---	---	---	---

1	1	3	8	.	9	0
---	---	---	---	---	---	---

**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. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	6

Transaction ID : D171140

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Elijah E. Cummings**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	6

Transaction ID : D171691

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

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  
Campaign Contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	6

Transaction ID : D171583

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Gus Bilirakis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : D170377

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. John Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : D170374

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOE KENNEDY FOR CONGRESS**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459-0014

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Joseph P. Kennedy III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

Transaction ID : D171148

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City State Zip Code  
BISMARCK ND 58502

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Kevin Cramer**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

Transaction ID : D172095

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 2042

City State Zip Code  
TOPEKA KS 66601

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : D171581

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2016

Transaction ID : D170373

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

#### A. MARTIN HEINRICH FOR SENATE

Mailing Address 2118 CENTRAL AVENUE SE

City State Zip Code  
Albuquerque NM 87106

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Martin Heinrich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2016

**Transaction ID : D171160**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

#### B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City State Zip Code  
RALEIGH NC 27624

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Renee Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	03	/	2016

**Transaction ID : D170375**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

#### C. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City State Zip Code  
CHICAGO IL 60680

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Robin Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2016

**Transaction ID : D171577**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

3000.00
---------

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

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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. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2016

**Transaction ID : D171146**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CLARKE FOR CONGRESS**

Mailing Address 111-36 200TH. STREET

City HOLLIS State NY Zip Code 11412

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Yvette D. Clarke**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

**Transaction ID : D172096**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2016

**Transaction ID : D171164**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KELLY AYOTTE INC**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 31050

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Kelly Ayotte**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : D172104

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2016

Transaction ID : D171162

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KIRK FOR SENATE**

Mailing Address PO BOX 2594

City CHICAGO State IL Zip Code 60690

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Mark S. Kirk**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2016

Transaction ID : D171161

Amount of Each Disbursement this Period

3500.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Sen. Ron Wyden**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : D171584

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROY BLUNT**

Mailing Address P.O. BOX 50100

City SPRINGFIELD State MO Zip Code 65805

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name  
**Sen. Roy Blunt**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : D171585

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

24500.00