PAGE 1 / 29

Image# 201604149012415794

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For Other Than An A	uthorized Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ig, type	12FE4M5		
American Pharmacists	s Association Politic	cal Action Commit	tee			
ADDRESS (number and street)	2215 Constitution Avenu	e, NW				
Check if different than previously reported. (ACC)	Washington			DC	20037	
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	S	STATE 🛦	ZIP COD	DE 🛦
C C00193854	3.		IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	Mar 20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (Quarterly Report (Q2) Report for the	Primary (12P		General (12S)	Runoff (12R)
January 31 Year-End Report (YE) Ele	ction on	D D /	Y Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the	· ·	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		ction on	D	Y	in the State of	
5. Covering Period 0		6 through	03	31/	2016	
certify that I have examined t	his Report and to the best	of my knowledge and b	elief it is tru	e, correct and	l complete.	
Type or Print Name of Treasure	er Mr. Joe Janela					
Signature of Treasurer Mr.	Joe Janela	[Electronically	<i>Filed]</i> D	ate 04	/ D D /	2016
NOTE: Submission of false, error	neous, or incomplete informa	ation may subject the pers	son signing th	is Report to th	ne penalties of 2 U	.S.C. §437g.
Office Use Only					FEC FORI Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Pharmacists Association Political Action Committee 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 44740.74 January 1, 2016 (b) Cash on Hand at 44740.74 Beginning of Reporting Period..... 24032.01 24032.01 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 68772.75 68772.75 6(a) and 6(c) for Column B)..... 25638.90 25638.90 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 43133.85 43133.85 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

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

For further information contact:

0.00

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

R	eport Covering the Period: From: 01	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	93 31 2016
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	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

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	ng Expenditures: - ocated Federal/Non-Federal				
Act	ivity (from Schedule H4)	0.00	0.00		
(i)	Federal Share	0.00	0.00		
(ii)	Non-Federal Share	0.00	0.00		
(b) Oth	er Federal Operating				
	penditures	1138.90	1138.90		
	al Operating Expenditures	1138.90	1138.90		
	d 21(a)(i), (a)(ii), and (b))▶ s to Affiliated/Other Party	1130.90	1130.30		
	ees	0.00	0.00		
 Contributed 	itions to Candidates/Committees				
and Oth	er Political Committees	24500.00	24500.00		
-	dent Expenditures	0.00	0.00		
Coordinal	hedule E) ated Party Expenditures	0.00	0.00		
(2 U.S.C	C. §441a(d)) hedule F)	0.00	0.00		
(400 00					
6. Loan Re	epayments Made	0.00	0.00		
	Ī	0.00	0.00		
 Loans N Refunds 	Made of Contributions To:	0.00	0.00		
(a) Ind	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
1110	in Folitical Committees	0.00			
(b) Pol	itical Party Committees	0.00	0.00		
	er Political Committees				
(su	ch as PACs)	0.00	0.00		
(I) T. I	d Ocal in the But of				
` '	al Contribution Refunds d Lines 28(a), (b), and (c)) ▶	0.00	0.00		
(au	a Lines 20(a), (b), and (c))		0.00		
9. Other D	isbursements	0.00	0.00		
	Election Activity (2 U.S.C. §431(20))				
. ,	cated Federal Election Activity				
	m Schedule H6) Federal Share	0.00	0.00		
(1)	3.0.0				
	"Levin" Share	0.00	0.00		
(b) Fed	deral Election Activity Paid Entirely	222	200		
/-\ - :	With Federal Funds	0.00	0.00		
. ,	al Federal Election Activity (add nes 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00		
LII	σο σο(α)(i), σο(α)(ii) απα σο(b)) •	7	7		
I. Total Di	sbursements (add Lines 21(c), 22,				
	25, 26, 27, 28(d), 29 and 30(c))	25638.90	25638.90		
	L. Carrier	7			
	deral Disbursements				
	t Line 21(a)(ii) and Line 30(a)(ii) le 31)	25638.90	05000.00		
HOIH EII		20000.30	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	24032.01	24032.01
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24032.01	24032.01
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1138.90	1138.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1138.90	1138.90

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a						
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) American Pharmacists Associate	tion Politi	cal Action Committee							
Α.	Full Name (Last, First, Middle Initial) James Alcorn			Date of Receipt						
	Mailing Address 5212 Creekmur Drive			02 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Lakeland	State FL	Zip Code 33812	Transaction ID : C3264397 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer BayCare Health System	Occupation Pharmacist		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
	Full Name (Last, First, Middle Initial) Christina Anz			Date of Receipt						
	Mailing Address 615 E 3rd St Apt. 449			03 31 2016						
	City Pomona	State CA	Zip Code 91766	Transaction ID : C3294652 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer Information Requested	Occupation Information	n Requested	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
	Full Name (Last, First, Middle Initial) Allan D Bell			Date of Receipt						
	Mailing Address 45 Main St			02 04 2016 _						
	City Nantucket	State MA	Zip Code 02554-6115	Transaction ID : C3294405 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer	Occupation	1	Memo Item						
	Nantucket Pharmacy	OWNER								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
Н	UBTOTAL of Receipts This Page (optional)		<u>, </u>							
Т	OTAL This Period (last page this line number	only)	·····							

FOR LINE NUMBER: **PAGE** 7 OF 29 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) Richard P Gates Date of Receipt Mailing Address 3 Durham Ct NULL 2016 10 City State Zip Code Transaction ID: C3295552 Lake Forest IL 60045 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 2530.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard P Gates Date of Receipt Mailing Address 3 Durham Ct **NULL** 03 04 2016 City State Zip Code Transaction ID: C3294602 IL Lake Forest 60045 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2530.00 Full Name (Last, First, Middle Initial) c. Ed Hamilton Date of Receipt Mailing Address P.O. Box 1432 02 06 2016 City State Zip Code Transaction ID: C3253072 FL Lake Alfred 33850 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Pharmacist Winter Have Women's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 3030.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 8 OF 29 Use separate schedule(s)

TEMIZED 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) Richard J Hayney Mailing Address 713 Augusta Dr NULL City Waunakee FEC ID number of contributing federal political committee. Name of Employer Meriter Hospital Receipt For: Primary General Other (specify)	State Zip Code WI 53597-2245 C Occupation DIR_ASSOC_OR_ASST_DIR Aggregate Year-to-Date ▼ 250.00	Date of Receipt O2
Full Name (Last, First, Middle Initial) Brian Komoto Mailing Address 1017 Ellington St City Delano FEC ID number of contributing federal political committee. Name of Employer Komoto Pharmacy Receipt For: Primary General Other (specify)	State Zip Code CA 93215-2621 C Occupation Pres/CEO Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 10 2016 Transaction ID: C3254864 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Michael A. Mone Mailing Address 4909 Scenic Creek Dr City Powell FEC ID number of contributing federal political committee. Name of Employer Cardinal Health Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 01 08 2016 Transaction ID: C3295541 Amount of Each Receipt this Period 100.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 9 OF 29 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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	FOI	R LINE	NU	MBER	:	PAGE	•	10 OF	:	29
Use separate schedule(s) for each category of the	(che	eck only	or or	ne)						
Detailed Summary Page	[×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Pharmacists Association Political Action Committee Full Name (Last, First, Middle Initial) Michael A. Mone Date of Receipt Mailing Address 4909 Scenic Creek Dr 03 2016 City State Zip Code Transaction ID: C3295544 OH Powell 43065 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation Pharmacist Cardinal Health Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Logan Murry Date of Receipt Mailing Address 902 Benton Drive 02 20 2016 City State Zip Code Transaction ID: C3261878 IΑ **Iowa City** 52246 Amount of Each Receipt this Period FEC ID number of contributing C 230.00 federal political committee. Memo Item Name of Employer Occupation Mercy Hospital Pharmacy Intern Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230,00 Full Name (Last, First, Middle Initial) c. Robert J. Osterhaus Date of Receipt Mailing Address 216 Austin Ave 2016 02 19 City State Zip Code Transaction ID: C3261522 IA Maquoketa 52060-2802 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation **Pharmacist** Osterhaus Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 830.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 29 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) Mario Pedraza Date of Receipt Mailing Address 4882 Butterbough Ave 2016 31 City State Zip Code Transaction ID: C3294587 FL 32829-8236 Orlando Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer Occupation University of Florida Student Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mario Pedraza Date of Receipt Mailing Address 4882 Butterbough Ave 02 25 2016 City State Zip Code Transaction ID: C3263502 FL Orlando 32829-8236 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer Occupation University of Florida Student Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 265.00 Full Name (Last, First, Middle Initial) c. Katherine C Petsos Date of Receipt Mailing Address 618 Madison Ave 2016 02 10 City State Zip Code Transaction ID: C3254628 FL Cape Canaveral 32920-2213 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation Pharmacist Walgreens Receipt For: Aggregate Year-to-Date ▼ Primary General 515.00 Other (specify) 765.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	DR	LINE	NU	MBER	:	PAGE	. 1	12 OF	29
Use separate schedule(s)	(c	he	ck only	or	ne)					
for each category of the Detailed Summary Page		X	11a		11b		11c		12	
			13		14		15		16	17

	nd Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
angle American Pharmacists Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Katherine C Petsos		Date of Receipt
Mailing Address 618 Madison Ave		03 04 2016
City	State Zip Code	Transaction ID : C3294517
Cape Canaveral	FL 32920-2213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	Memo Item
Walgreens	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	35 5	
Other (specify) ▼	515.00	
Full Name (Last, First, Middle Initial) Clara-Jessica Rances		Date of Receipt
Mailing Address 2827 Meridian Point Lane		M = M / D = D / Y = Y = Y
crances@ufl.edu	01-1-	02 25 2016
City	State Zip Code	Transaction ID : C3264316
Lakeland	FL 33812-5830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.00
Name of Employer	Occupation	Memo Item
N/A	N/A	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, 1991-09410 1-0410 ¥	
Other (specify) ▼	333.00	
Full Name (Last, First, Middle Initial) Donald Smith	1	Date of Receipt
Mailing Address 802 E Medical Ct		01 31 _ 2016 _
City	State Zip Code	Transaction ID : C3294578
Post Falls	ID 83854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Memo Item
Medicine Man West Pharmacy	PHARMACIST_GENERAL	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	1)	448.00
TOTAL This Period (last page this line num	ber only)	
, , , ,		

FOR LINE NUMBER: PAGE 13 OF 29 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 14 OF 29 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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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF 29

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Pharmacists Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Jason Sparks Mailing Address 120 Yelton Avenue City Erwin FEC ID number of contributing federal political committee. Name of Employer East Tennessee State University Bill G Receipt For: Primary General Other (specify)	State Zip Code TN 37650 C Occupation student pharmacist 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) Norman P. Tomaka Mailing Address 1977 Player Cir N City Melbourne FEC ID number of contributing federal political committee. Name of Employer Health First Holmes Regional Medical C Receipt For: Primary General Other (specify)	State Zip Code FL 32935-4416 C Occupation Pharmacist 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) Norman P. Tomaka Mailing Address 1977 Player Cir N City Melbourne FEC ID number of contributing federal political committee. Name of Employer Health First Holmes Regional Medical C Receipt For: Primary General Other (specify)	State Zip Code FL 32935-4416 C Occupation Pharmacist Aggregate Year-to-Date ▼ 320.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF 29 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) Kathy Webster Date of Receipt Mailing Address 535 Watson Dr NULL 2016 26 City State Zip Code Transaction ID: C3264552 CA Claremont 91711-4817 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation KGI School of Pharmacy Founding Dean Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Theresa L. Wells-Tolle Date of Receipt Mailing Address 5797 Treasure Ln theresa.tolle@baystreetpharmacy.co 02 28 2016 City Zip Code State Transaction ID: C3264771 FL Grant 32949 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation **Bay Street Pharmacy** Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Karen Whalen Date of Receipt Mailing Address 5120 NW 67th Street 2016 02 26 City State Zip Code Transaction ID: C3264676 FL Gainesville 32653 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Clinical Professor University of Florida Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 17 OF 29 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) Whitney White Date of Receipt Mailing Address 800 Lakeshore Dr NULL 03 2016 28 City State Zip Code Transaction ID: C3294558 ΑL 35229-0001 Birmingham Amount of Each Receipt this Period FEC ID number of contributing C 900.00 federal political committee. Memo Item Name of Employer Occupation Assistant Professor Samford University Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald H. Williams Date of Receipt Mailing Address 257 140th Ave NE **NULL** 02 13 2016 City State Zip Code Transaction ID: C3295498 WA 98005-4728 Bellevue Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation WA State Board of Pharmacy CONSULTANT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name (Last, First, Middle Initial) c. Donald H. Williams Date of Receipt Mailing Address 257 140th Ave NE 02 2016 03 NULL City State Zip Code Transaction ID: C3294500 WA 98005-4728 Bellevue Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer Occupation CONSULTANT WA State Board of Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOF	R LINE	NU	MBER	:	PAGE	1	18 OF	:	29
Use separate schedule(s) for each category of the	(che	ck only	or or	ne)						
Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) American Pharmacists Assoc	iation Political Action Committee					
Full Name (Last, First, Middle Initial) Donald H. Williams Mailing Address 257 140th Ave NE NULL City Bellevue FEC ID number of contributing federal political committee. Name of Employer WA State Board of Pharmacy Receipt For: Primary General Other (specify)	State Zip Code WA 98005-4728 C Occupation CONSULTANT 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				
Full Name (Last, First, Middle Initial) Mailing Address	, ,					
City	State Zip Code	Amount of Each Receipt this Period Memo Item				
FEC ID number of contributing federal political committee. Name of Employer	Occupation					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial) Mailing Address	<u>'</u>	Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С					
Name of Employer	Occupation	- Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)		15.00				
TOTAL This Period (last page this line numb	per only)	10208.00				

SCHEDULE B (FEC Form 3X)	Hea cons	arate schedule(s)	FOR LINE	-		PAG	E 19	OF 2
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only X 21b 27	one) 22 28a	23 28b	24 28c	25 29	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full) American Pharmacists Association		71		OUTUIL CON	and and its	HOIT SUCT	COMMIN	
Full Name (Last, First, Middle Initial)								
American Express					Disburse			
Mailing Address P.O. Box 53852				01	0	5 Y	2016	Y
•	State AZ	Zip Code		Transa	action ID	: D172375		
Phoenix Purpose of Disbursement	AZ	85072-3852						
Credit Card Fee			001	Amount	of Each	Disbursem	ent this	Period
Candidate Name			Category/				0	.80
Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General	Туре	Men	no Item	-1-5		
State: District:								
Full Name (Last, First, Middle Initial) 3- American Express				Date of	Disburse		Y	V
Mailing Address P.O. Box 53852				02		5	2016	
Phoenix	State AZ	Zip Code 85072-3852		Trans	action ID	: D172376		
Purpose of Disbursement Credit Card Fee			001	Amount	of Each	Disbursem	ent this	Period
Candidate Name			Category/ Type				3	.98
Office Sought: House Disburser	ment For: Primary Other (spec	General □		Men	no Item			
Full Name (Last, First, Middle Initial) American Express					Disburse			
Mailing Address P.O. Box 53852				03	0		2016	Υ
Phoenix	State AZ	Zip Code 85072-3852		Transa	action ID	: D172377		
Purpose of Disbursement Credit Card Fee Candidate Name			001	Amount	of Each	Disbursem	ent this	Period
			Category/ Type				110	.21
Senate President	ment For: Primary Other (spec	☐ General		Men	no Item			
State: District:								

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	one)
	Detailed Summary Page	X 21b 27	22 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 nam	ents may not be sold or used e and address of any political	d by any person I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Pharmacists Association	Political Action Com	mittee	
Full Name (Last, First, Middle Initial) 4. Evalon Merchant Services			Date of Disbursement
Mailing Address 7300 Chapman Hwy			02 01 2016
Knoxville	tate Zip Code TN 37920-6612		Transaction ID : D172384
Purpose of Disbursement Merchant Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	111.61
	nent For: Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			Data of Diahuwaamant
Evalon Merchant Services			Date of Disbursement
Mailing Address 7300 Chapman Hwy			03 01 2016
,	tate Zip Code TN 37920-6612		Transaction ID : D172385
Merchant Fees			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	390.27
	ent For: Primary ☐ General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
Evalon Merchant Services			Date of Disbursement
Mailing Address 7300 Chapman Hwy			01 04 2016
Knoxville	tate Zip Code TN 37920-6612		Transaction ID : D172374
Purpose of Disbursement Merchant Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	113.21
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			615.09
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 21 OF 29
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 36
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	•		Sonot continuations	non such commuee.
Full Name (Last, First, Middle Initial)				
A. QGiv, Inc.			Date of Disburse	
Mailing Address 53 Lake Morton Dr.			01 05	
Lakeland	State Zip Code FL 33801		Transaction ID	: D172381
Purpose of Disbursement Vendor Fees		001	Amount of Each	Disbursement this Period
Candidate Name		Category/	Table of Edolf	
		Type		8.12
	nent For: Primary General Other (specify)		Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) B. QGiv, Inc.			Date of Disburse	ment
Mailing Address 53 Lake Morton Dr.			02 02	
Lakeland	State Zip Code FL 33801		Transaction ID	: D172382
Purpose of Disbursement Vendor Fees		001	Amount of Fach	Disbursement this Period
Candidate Name		Category/ Type	Timount of East	7.58
President	nent For: Primary General Other (specify)	,,	Memo Item	
State: District: Full Name (Last, First, Middle Initial)			Date of Disburse	ment
C. QGiv, Inc.			M M / D	
Mailing Address 53 Lake Morton Dr.			03 02	
Lakeland	State Zip Code FL 33801		Transaction ID	: D172383
Purpose of Disbursement Vendor Fee		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		35.53
	nent For: Primary General Other (specify)		Memo Item	7
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				51.23

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 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 nam			
NAME OF COMMITTEE (In Full)			
American Pharmacists Association	Political Action Com	nmittee	
Full Name (Last, First, Middle Initial)			
A. Wells Fargo			Date of Disbursement
Mailing Address 1753 Pinnacle Drive 3rd floor			03 11 2016
•	State Zip Code VA 22102		Transaction ID : D172378
Purpose of Disbursement	22102		
Bank Service Charge			Amount of Each Disbursement this Period
Candidate Name		Category/	199.23
Office County		Type	199.20
Office Sought: House Disburser Senate			Memo Item
	Primary General Other (specify) ▼		
State: District:	- · · · (-p5)/ ▼		
Full Name (Last, First, Middle Initial)			
3. Wells Fargo			Date of Disbursement
Mailing Address 1753 Pinnacle Drive 3rd floor			02 11 2016
Mc Lean	State Zip Code VA 22102		Transaction ID : D172379
Purpose of Disbursement Bank Service Charge		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Dispulsement this Pellou
		Category/ Type	57.24
Office Sought: House Disbursem	nent For:	- 1	Memo Item
	Primary General		_
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) - Wells Fargo			Date of Disbursement
- vvelis raigu			M M / D D / Y Y Y Y
Mailing Address 1753 Pinnacle Drive 3rd floor			01 11 2016
	State Zip Code		Transaction ID : D172380
=	VA 22102		Transaction ID . D172300
Purpose of Disbursement Bank Service Charge		001	Amount of Each Disbursement this Period
Candidate Name		Category/	101.12
Office Sought: House Disbursem	pent For:	Туре	
	Primary General		Memo Item
	Other (specify)		
State: District:	· 		
			257.50
SUBTOTAL of Disbursements This Page (optional)		·····•	357.59
TOTAL This Period (last nage this line number only)			1138.90

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 23 OF 29
ITEMIZED 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 Deposits and Chitica	nonte may not be sald as		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)	<u> </u>		
American Pharmacists Association	Political Action Con	mmittee	
/		-	
Full Name (Last, First, Middle Initial) A. CATHY MCMORRIS RODGERS F	OD COMODESS		Date of Disbursement
- CATHT WICWORKIS RUDGERS F	OR CONGRESS		M M / D D / Y Y Y Y
Mailing Address Box 137			02 23 2016
Cit.	Otata Zin Onda		
City Spokane	State Zip Code WA 99210		Transaction ID : D171140
Purpose of Disbursement	33210		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Cathy McMorris Rodgers		Туре	1000.00
	nent For: 2016 Primary General		Memo Item
President	Other (specify)		
State: WA District: 05	(cpcc,) \		
Full Name (Last, First, Middle Initial)			
B. CUMMINGS FOR CONGRESS CA	AMPAIGN COMMIT	TEE	Date of Disbursement
Mailian Address Bo Boy			M - M / D D / Y - Y - Y - Y
Mailing Address PO BOX 1631			03 17 2016
,	State Zip Code		Transaction ID : D171691
BALTIMORE Purpose of Disbursement	MD 21203		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Elijah E. Cummings		Туре	2500.00
	ment For: 2016		Memo Item
Senate President	Primary General Other (specify) ▼		
State: MD District: 07	(opsony) *		
Full Name (Last, First, Middle Initial)			
C. PALLONE FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 3176			03 11 2016
City	State Zip Code		Transaction ID D474700
Long Branch	NJ 07740		Transaction ID : D171583
Purpose of Disbursement Campaign Contribution		044	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Frank Pallone Jr.		Category/ Type	1000.00
	nent For: 2016	. , , , ,	Memo Item
Senate	Primary General		Memoritem
President	Other (specify) ▼		
State: NJ District: 06			
CURTOTAL of Dishuman manta This Base (and a			4500.00
SUBTOTAL of Disbursements This Page (optional)		······	1000.00
TOTAL This Period (last page this line number only)			
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 24 OF 29
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 nam			
NAME OF COMMITTEE (In Full)	2 2.1.2 add. ooo or arry politica		communication continued.
American Pharmacists Association	Political Action Com	mittee	
/			
Full Name (Last, First, Middle Initial)			
A. BILIRAKIS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 606			02 25 2016
			2010
,	State Zip Code		Transaction ID : D170377
TARPON SPRINGS	FL 34688		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Rep. Gus Bilirakis		Category/ Type	1000.00
Office Sought: House Disbursen	nent For: 2016	-	Memo Item
	Primary General		_
	Other (specify) ▼		
State: FL District: 12 Full Name (Last, First, Middle Initial)			
3. VOLUNTEERS FOR SHIMKUS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 661			02 03 2016
City	Note 7:- OI-		
City S COLLINSVILLE	State Zip Code IL 62234		Transaction ID : D170374
Purpose of Disbursement	3223 1		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. John Shimkus Office Sought: House Disbursen	pont For: 0040	Туре	
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: IL District: 19	VI - 37 ▼		
Full Name (Last, First, Middle Initial)			
JOE KENNEDY FOR CONGRESS			Date of Disbursement
M ''' All			M M / D D / Y Y Y Y
Mailing Address PO Box 590464			02 23 2016
City	State Zip Code		Transcriber ID D474440
Newton	MA 02459-0014		Transaction ID : D171148
Purpose of Disbursement Campaign Contribution			
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Joseph P. Kennedy III		Category/ Type	1000.00
• •	nent For: 2016	i ypc	Memo Item
	Primary General		Memo Item
President	Other (specify) ▼		
State: MA District: 04			
			2000.05
SUBTOTAL of Disbursements This Page (optional)		······	3000.00
TOTAL This Period (last name this line number only)			

SCHEDULE B (FEC Form 3X)	Harrison Co. C. C. C.	FOR LINE	NUMBER: PAGE 25 OF 29
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	ents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Pharmacists Association	Political Action Com	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dishurasment
A. CRAMER FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 396			03 25 2016
•	State Zip Code		Transaction ID : D172095
	ND 58502		Transaction ib . b172033
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Kevin Cramer Office Sought:	nent For: 2016	Туре	Mama Itam
	Primary General		Memo Item
President	Other (specify) ▼		
State: ND District: 00			
Full Name (Last, First, Middle Initial)			Data of Dishuraament
3. LYNN JENKINS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 2042			03 11 2016
,	State Zip Code		Transaction ID : D171581
	KS 66601		
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Lynn Jenkins		Type	1000.00
	nent For: 2016		Memo Item
	Primary General		_
State: KS District: 02	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
MARSHA BLACKBURN FOR CON	GRESS INC.		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO Box 3750			01 26 2016
City	State Zip Code		
Brentwood	TN 37024		Transaction ID : D170373
Purpose of Disbursement Campaign Contribution			
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Marsha Blackburn		Category/ Type	1000.00
•	nent For: 2016	71	Memo Item
Senate	Primary General		Memo item
	Other (specify) ▼		
State: TN District: 07			
OUDTOTAL of Disharana at The Day (17 at 1)			3000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	io and address of any pointed		o consist continuations from cuert committee.
American Pharmacists Association	Political Action Com	nmittee	
American i namiacists Association	1 Olltical Action Con	IIIIIII	
Full Name (Last, First, Middle Initial)			
MARTIN HEINRICH FOR SENATE			Date of Disbursement
Moiling Address 2449 CENTRAL AVENUE CE			02 24 2016
Mailing Address 2118 CENTRAL AVENUE SE			02 24 2016
City	State Zip Code		T (1 ID D4T4400
· ····································	NM 87106		Transaction ID: D171160
Purpose of Disbursement Campaign Contribution			
1 8		011	Amount of Each Disbursement this Period
Candidate Name Sen. Martin Heinrich		Category/	1000.00
	nent For: 2016	Туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: NM District:	,, ,,		
Full Name (Last, First, Middle Initial)			
3. RENEE ELLMERS FOR CONGRE	SS COMMITTEE		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 99567			02 03 2016
City	State Zip Code		
•	NC 27624		Transaction ID : D170375
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Renee Ellmers Office Sought: House Disbursen	ant For 2010	Туре	
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: NC District: 02	(-p), V		
Full Name (Last, First, Middle Initial)			
ROBIN KELLY FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 6953			03 21 2016
City	State Zip Code		
CHICAGO	IL 60680		Transaction ID : D171577
Purpose of Disbursement	-		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Robin Kelly	and Fam. 2015	Туре	1000.00
	nent For: 2016 Primary General		Memo Item
President	Other (specify)		
State: IL District: 02	(opoon)/ \		
VE			
SUBTOTAL of Disbursements This Page (optional)			3000.00
J ,			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 27 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	lents 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 Con	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dishara and
A. KIND FOR CONGRESS COMMITT	IEE		Date of Disbursement
Mailing Address 205 5th Avenue South			02 23 2016
,	State Zip Code		Transaction ID : D171146
La Crosse	WI 54601		Transaction ID . D171140
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Ron Kind Office Sought:	nent For: 2016	Туре	
	Primary General		Memo Item
	Other (specify)		
State: WI District: 03	₹		
Full Name (Last, First, Middle Initial)			
3. CLARKE FOR CONGRESS			Date of Disbursement
Mailing Address 111-36 200TH. STREET			03 25 2016
City	State Zip Code		Transaction ID : D172096
HOLLIS	NY 11412		Transaction ID: D1/2096
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Period
Rep. Yvette D. Clarke		Category/ Type	1000.00
•	nent For: 2016	.,,,,,	Memo Item
Senate	Primary General		
	Other (specify) ▼		
State: NY District: 09			
Full Name (Last, First, Middle Initial)			Date of Disbursement
FRIENDS OF SCHUMER			
Mailing Address 509 MADISON AVE SUITE 1902			03 16 2016
City	State Zip Code		Transaction ID - D474464
	NY 10022		Transaction ID : D171164
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Charles E. Schumer		Type	1000.00
	nent For: 2016		Memo Item
Senate	Other (specify) —		_
State: NY District: 00	Other (specify) ▼		
2.00.00			
SUBTOTAL of Disbursements This Page (optional)			3000.00
- CP/			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 28 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	ents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Pharmacists Association	Political Action Con	nmittee	
Full Name (Last, First, Middle Initial)			
$^{f A.}$ FRIENDS OF KELLY AYOTTE INC			Date of Disbursement
Mailing Address PO BOX 937			03 29 2016
City	State Zip Code		Transaction ID : D172104
MANCHESTER	NH 31050		Hansaction id . D1/2104
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Kelly Ayotte Office Sought: House Disbursen	aont Fore 2012	Туре	1000.00
	nent For: 2016 Primary General		Memo Item
President	Other (specify)		
State: NH District: 00	₹		
Full Name (Last, First, Middle Initial)			
3. ALEXANDER FOR SENATE 2014	INC		Date of Disbursement
M 111 A 11			M - M / D - D / Y - Y - Y - Y
Mailing Address 228 S WASHINGTON STREET SU			02 25 2016
City S ALEXANDRIA	State Zip Code VA 22314		Transaction ID : D171162
Purpose of Disbursement	22314		
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Lamar Alexander		Type	1000.00
	nent For: 2016		Memo Item
	Primary General		
State: TN District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. KIRK FOR SENATE			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 2594			02 24 2016
City	State Zip Code		
CHICAGO	IL 60690		Transaction ID : D171161
Purpose of Disbursement			
Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Mark S. Kirk		Category/	3500.00
	nent For: 2016	Туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: IL District: 00	· .		
,			
SUBTOTAL of Disbursements This Page (optional)		·····•	5500.00
TOTAL TIL D. 1.11			
TOTAL This Period (last page this line number only)		▶	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 29 OF 29 PAGE 29 OF 29
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NAME OF COMMITTEE (In Full) American Pharmacists Association	, ,		
Full Name (Last, First, Middle Initial) A. WYDEN FOR SENATE		M	te of Disbursement
Mailing Address 232 NE 9TH AVENUE			03 11 2016
,	tate Zip Code OR 97232	Tr	ransaction ID : D171584
	ent For: 2016	011 Am Category/ Type	ount of Each Disbursement this Period 1500.00 Memo Item
State: OR District: 00	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT			te of Disbursement
Mailing Address P.O. BOX 50100			03 11 2016
SPRINGFIELD Purpose of Disbursement	tate Zip Code MO 65805	Tı	ransaction ID : D171585
Campaign Contribution Candidate Name Sen. Roy Blunt		011 Am Category/ Type	ount of Each Disbursement this Period
X Senate	ent For: 2016 Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			te of Disbursement
Mailing Address			
City	tate Zip Code		
Purpose of Disbursement Candidate Name		Am Category/ Type	ount of Each Disbursement this Period
	ent For: Primary General Other (specify) ▼		Memo Item
I			
SUBTOTAL of Disbursements This Page (optional)			2500.00