



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**SENIOR CARE PHARMACY COALITION PAC**

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18800.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="39250.00"/>	<input type="text" value="66750.00"/>
(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="58050.00"/>	<input type="text" value="66750.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3855.41"/>	<input type="text" value="12555.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54194.59"/>	<input type="text" value="54194.59"/>
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

Write or Type Committee Name

**SENIOR CARE PHARMACY COALITION PAC**

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).....	39250.00	66750.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39250.00	66750.00
(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) .....	39250.00	66750.00
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)).....▶	39250.00	66750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	39250.00	66750.00

**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 .....	155.41	155.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	155.41	155.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2700.00	11400.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1000.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	3855.41	12555.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3855.41	12555.41

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	39250.00	66750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39250.00	66750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	155.41	155.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	155.41	155.41

**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 14
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Belville, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 8381  
 City Rancho Santa Fe State CO Zip Code 92067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rons Pharmacy Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 10 / 2016  
**Transaction ID : SA11AI.4168**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Boe, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 18th Street South Suite 101  
 City St. Cloud State MN Zip Code 56301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2016  
**Transaction ID : SA11AI.4138**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Political Contribution

**C. Bronfein, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113- John Carroll Road  
 City Owings Mills State MD Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 07 / 2016  
**Transaction ID : SA11AI.4142**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00  
**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 7 OF 14
<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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Downey, Chad, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 695 Barrington Way

City Roswell	State GA	Zip Code 30076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Guardian Pharmacy	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2016

**Transaction ID : SA11AI.4150**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Dunn, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Premier Drive Suite D

City Clearview	State FL	Zip Code 32539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Guardian Pharmacy	Occupation (for Individual) President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2016

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Ferguson, Alex, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Peachtree Road NW S. Towers 5th Floor

City Atlanta	State GA	Zip Code 30309
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Guardian Pharmacy	Occupation (for Individual) Vice President, Business Development
--	---

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
08	/	12	/	2016

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  
500.00

Memo Item  
Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 8 OF 14
<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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Forbes, Kendall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Bluejack Street  
 City Santa Rosa Beach State FL Zip Code 32459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.4160**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Mahfouz, Sam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4709 Christopher Place  
 City Alexandria State VA Zip Code 17303-3900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fusion Care Occupation (for Individual) Managing Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 13 / 2016**  
**Transaction ID : SA11AI.4144**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Political Contribution

**C. McClelland, Khristy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3859 Dear Chase Place East  
 City Jacksonville State FL Zip Code 32224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 02 / 2016**  
**Transaction ID : SA11AI.4162**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 9 OF 14
	<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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Morris, David, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Peachtree Street NE  
 Suite 500 South  
 City Atlanta State GA Zip Code 30309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 09 / 2016  
**Transaction ID : SA11AI.4152**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Pipenbrink, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6530 Corporate Drive  
 City Indianapolis State IN Zip Code 46112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : SA11AI.4172**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Saliba, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5533 W. Riveria Drive  
 City Glendale State AZ Zip Code 85304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salibas Extended Care Pharmacy Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 03 / 2016  
**Transaction ID : SA11AI.4158**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Spivey, Russ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5083 Veterans Parkway  
 City Murfreesboro State TN Zip Code 37128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) Co-President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2016  
**Transaction ID : SA11AI.4170**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Stamps, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Olympic Place Suite 600  
 City Towson State MP Zip Code 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Remedi Senior Care Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 13 / 2016  
**Transaction ID : SA11AI.4140**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Political Contribution

**C. Taymans, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3186 Sandyridge Drive  
 City Clearwater State FL Zip Code 33761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 03 / 2016  
**Transaction ID : SA11AI.4166**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<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 11 OF 14
	<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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Terry, Chad Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1507 Woodbine Road  
 City Winston Salem State NC Zip Code 27104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Pharmacy Services Occupation (for Individual) Co-President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.4134**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Terry, MaryBeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2507 Woodbine Road  
 City Winston Salem State NC Zip Code 27104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Pharmacy Services Occupation (for Individual) Co-President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.4132**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Political Contribution

**C. Towns, Doug, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Peachtree  
 City Atlanta State GA Zip Code 30309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) Vice President & General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.4154**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<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 14
<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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Traster, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15966 Laurel Creek Drive  
 City Delray Beach State FL Zip Code 33446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.4148**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Warnock, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1626 Jeurgens Court  
 City Norcross State GA Zip Code 30621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pruitt Health Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 13 / 2016**  
**Transaction ID : SA11AI.4146**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Political Contribution

**C. Young, Gail May, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1558 Autumn Sage Drive  
 City Dacula State GA Zip Code 30019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Pharmacy Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 09 / 2016**  
**Transaction ID : SA11AI.4156**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	39250.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**SENIOR CARE PHARMACY COALITION PAC**

Full Name (Last, First, Middle Initial) <b>A. NEW PIONEERS PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C 000459123 <b>Transaction ID : SB23.4178</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement check originally dated May 10 16 was never cashed or received,		Amount of Each Disbursement this Period -5000.00
Candidate Name <b>NEW PIONEERS PAC</b>		Category/Type 010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. TEAM RYAN</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address 320 1ST ST SE		FEC Identification Number C 000545947 <b>Transaction ID : SB23.4124</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>TEAM RYAN</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>C. WYDEN FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 232 NE 9TH AVENUE		FEC Identification Number C 000308676 <b>Transaction ID : SB23.4127</b>
City PORTLAND	State OR	Zip Code 97232
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2700.00
Candidate Name <b>RYAN, PAUL D., , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2700.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**SENIOR CARE PHARMACY COALITION PAC**

**A. Morrissey for WV**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 820

City Charles Town State WV Zip Code 25144

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB29.4130

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00