

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / 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 / / 2025 through / / 2025

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 **Morrison, Shannon, , ,**

Signature of Treasurer **Morrison, Shannon, , ,** Date / / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2025"/>		<input type="text" value="158176.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="167251.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="22135.93"/>	<input type="text" value="50954.49"/>
(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="189387.27"/>	<input type="text" value="209131.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29452.56"/>	<input type="text" value="49196.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="159934.71"/>	<input type="text" value="159934.71"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11583.44	27994.69
(ii) Unitemized	10552.49	22959.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22135.93	50954.49
(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)	22135.93	50954.49
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)).....▶	22135.93	50954.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22135.93	50954.49

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	1452.56	2696.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1452.56	2696.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	46500.00
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).....	0.00	0.00
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)) ..	29452.56	49196.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29452.56	49196.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	22135.93	50954.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22135.93	50954.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1452.56	2696.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1452.56	2696.55

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

Form/Schedule: F3XA

Transaction ID :

Amending cash on hand figure and updating missing address information.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Hose, Brian, Hose, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12531 Garrow Dr

City Clear Spring	State MD	Zip Code 21722-1708
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Sharpsburg Pharmacy	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2025

Transaction ID : 7217698

Amount of Each Receipt this Period
100.00

Memo Item

B. Akinyoyenu, Titilayo, Akinyoyenu, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3839 Minnesota Ave NE

City Washington	State DC	Zip Code 20019-2660
--------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2025

Transaction ID : 7217700

Amount of Each Receipt this Period
250.00

Memo Item

C. Wood, Hayden, Wood, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 Wagon Wheel Rd

City Floral	State AR	Zip Code 72534-9505
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Arkansas For Medical Sci	Occupation (for Individual) STUDENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2025

Transaction ID : 7217742

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.00
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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mospan, Cortney, Mospan, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2706 Lawton Bluff Rd
 City Charlotte State NC Zip Code 28226-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bayer Occupation (for Individual) pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 18 / 2025
Transaction ID : 7217817
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Firman, Steve, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 River Ridge Rd
 City Cedar Falls State IA Zip Code 50613-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Iowa College of Phar Occupation (for Individual) ADMINSTRATION_STRATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 01 / 2025
Transaction ID : 7217824
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Pudlo, Anthony, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 Lebanon Pike Cir
 City Nashville State TN Zip Code 37210-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Pharmacists Association Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 08 / 04 / 2025
Transaction ID : 7217826
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	486.00
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 9 OF 27
	<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	

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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Mospan, Cortney, Mospan, MRS,			Date of Receipt MM / DD / YYYY 08 / 22 / 2025 Transaction ID : 7217836		
Mailing Address 2706 Lawton Bluff Rd			Amount of Each Receipt this Period 36.00		
City Charlotte	State NC	Zip Code 28226-2947	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 288.00		
Name of Employer (for Individual) Bayer		Occupation (for Individual) pharmacist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lattos, Anna, , ,			Date of Receipt MM / DD / YYYY 08 / 26 / 2025 Transaction ID : 7217839		
Mailing Address 110 2nd St			Amount of Each Receipt this Period 250.00		
City Lawrenceburg	State IN	Zip Code 47025-1610	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) St. Elizabeth's		Occupation (for Individual) pharmacist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Firman, Steve, C, MR,			Date of Receipt MM / DD / YYYY 08 / 29 / 2025 Transaction ID : 7217840		
Mailing Address 11 River Ridge Rd			Amount of Each Receipt this Period 85.00		
City Cedar Falls	State IA	Zip Code 50613-1728	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 680.00		
Name of Employer (for Individual) The University of Iowa College of Phar		Occupation (for Individual) ADMINSTRATION_STRATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	371.00
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 27
	<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	

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. Pilkington, Mark, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17412 E Hidden Green Ct
 City Rio Verde State AZ Zip Code 85263-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amerisource Bergen Occupation (for Individual) DIR_ASSOC_OR_ASST_DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 13 / 2025
Transaction ID : 7217850
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Uroza, Sarah, F, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 University Park Dr
 City Nashville State TN Zip Code 37204-3956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lipscomb University Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.64

Date of Receipt 09 / 16 / 2025
Transaction ID : 7217858
 Amount of Each Receipt this Period 31.64
 Memo Item

C. Mospan, Cortney, Mospan, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2706 Lawton Bluff Rd
 City Charlotte State NC Zip Code 28226-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bayer Occupation (for Individual) pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 09 / 19 / 2025
Transaction ID : 7217868
 Amount of Each Receipt this Period 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	317.64
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 11 OF 27
	<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. Scovis, Nicole, Scovis, DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6533 E Eli Dr

City Tucson	State AZ	Zip Code 85710-8742
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tabula Healthcare	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
316.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2025

Transaction ID : 7217870

Amount of Each Receipt this Period
316.40

Memo Item

B. Scovis, Nicole, Scovis, DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6533 E Eli Dr

City Tucson	State AZ	Zip Code 85710-8742
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tabula Healthcare	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
632.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2025

Transaction ID : 7217871

Amount of Each Receipt this Period
316.40

Memo Item

C. Veach, Stevie, Veach, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 N 11th St

City Bellevue	State IA	Zip Code 52031-1943
------------------	-------------	------------------------

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

Name of Employer (for Individual) The University of Iowa College of Phar	Occupation (for Individual) CLINICAL_PHARMACIST
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2025

Transaction ID : 7217874

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	732.80
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 12 OF 27
	<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
-----------------------------	-----------------------------	-----------------------------

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. Lacroix, Matthew, Lacroix, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Mark Fore Dr
 City West Warwick State RI Zip Code 02893-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New England - Portland Occupation (for Individual) coordinator, Assessment and Accreditation
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 01 / 2025
Transaction ID : 7217886
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Haydon-Greatting, Starlin, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Melissa Dr
 City Springfield State IL Zip Code 62711-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPhA-PSMP Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 10 / 08 / 2025
Transaction ID : 7217900
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wang, Junling, Wang, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 881 Madison Avenue, Room 221
 City Memphis State TN Zip Code 38103-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Tennessee Occupation (for Individual) pharmacist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 16 / 2025
Transaction ID : 7217901
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<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
-----------------------------	-----------------------------	-----------------------------

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. Mospan, Cortney, Mospan, MRS,
 Mailing Address 2706 Lawton Bluff Rd
 City Charlotte State NC Zip Code 28226-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bayer Occupation (for Individual) pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 17 / 2025
Transaction ID : 7217902
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Lee, Kinbo, Lee, Lt.,
 Mailing Address 2047 Ashleigh Woods Ct
 City Rockville State MD Zip Code 20851-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Public Health Service Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2025
Transaction ID : 7217912
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ackerman, Paul, Ackerman, MR,
 Mailing Address 1930 NW 7th Ln
 City Gainesville State FL Zip Code 32603-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida College of Pharm Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 26 / 2025
Transaction ID : 7217920
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	636.00
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 14 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Gattas, Fred, Gattas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 313 Yorktown Square Ct
 City Saint Charles State MO Zip Code 63303-1759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Curium Occupation (for Individual) PHARMACIST_GENERAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2025
Transaction ID : 7217921
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Poole, Traci, Poole, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Joe Miller Dr
 City Hendersonville State TN Zip Code 37075-6012
 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 ▼ 250.00

Date of Receipt 10 / 27 / 2025
Transaction ID : 7217922
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Haydon-Greatting, Starlin, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Melissa Dr
 City Springfield State IL Zip Code 62711-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPhA-PSMP Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 04 / 2025
Transaction ID : 7217937
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 15 OF 27
	<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	

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. Veach, Stevie, Veach, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 N 11th St
 City Bellevue State IA Zip Code 52031-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Iowa College of Phar Occupation (for Individual) CLINICAL_PHARMACIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 04 / 2025
Transaction ID : 7217938
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Akers, Julie, , DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12210 N Fairview Rd
 City Mead State WA Zip Code 99021-8324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington State University College of Occupation (for Individual) PHARMACIST_GENERAL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 05 / 2025
Transaction ID : 7217940
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kadlec, Gary, William, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3641 Warwick Dr
 City Rochester Hills State MI Zip Code 48309-4714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 07 / 2025
Transaction ID : 7217970
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 27
	<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. Menighan, Thomas, E, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Belgian Ln
 City Morgantown State WV Zip Code 26508-1188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WVU Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 11 / 2025
Transaction ID : 7217977
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Haydon-Greatting, Starlin, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Melissa Dr
 City Springfield State IL Zip Code 62711-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPhA-PSMP Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 11 / 12 / 2025
Transaction ID : 7217980
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lee, Kinbo, Lee, Lt.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2047 Ashleigh Woods Ct
 City Rockville State MD Zip Code 20851-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Public Health Service Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 14 / 2025
Transaction ID : 7217990
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2150.00
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 17 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Hilliard, Nicki, Hilliard, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Pleasant Valley Dr Unit 5
 City Little Rock State AR Zip Code 72227-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Arkansas For Medical Sci Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 14 / 2025
Transaction ID : 7217991
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Martin, Charles, Martin, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4538 Northridge Circle
 City Crestwood State KY Zip Code 40014-8646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2025
Transaction ID : 7217992
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dye, Chase, Dye, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11300 Cornell Park Dr 5th Floor
 City Blue Ash State OH Zip Code 45242-1814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kroger Occupation (for Individual) pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 15 / 2025
Transaction ID : 7217996
 Amount of Each Receipt this Period 250.00
 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 18 OF 27
	<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	

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. Johnsrud, T J, Johnsrud, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 130
 City Conrad State IA Zip Code 50621-0130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Iowa College of Phar Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 11 / 17 / 2025
Transaction ID : 7217998
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Johnsrud, T J, Johnsrud, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 130
 City Conrad State IA Zip Code 50621-0130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Iowa College of Phar Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 11 / 17 / 2025
Transaction ID : 7217999
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Komoto, Brian, , DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University of California, San Francisc Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 01 / 2025
Transaction ID : 7218014
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Komoto, Brian, , DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University of California, San Francisc Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2025
Transaction ID : 7218015
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Komoto, Brian, , DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University of California, San Francisc Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2025
Transaction ID : 7218016
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Komoto, Brian, , DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University of California, San Francisc Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2025
Transaction ID : 7218018
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 20 OF 27
	<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. Kennedy, Amy, Kennedy, DR,
Mailing Address 3510 N Craycroft Rd Apt 3306

City Tucson	State AZ	Zip Code 85718-7269
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) University of Arizona COP/EI Rio Healt		Occupation (for Individual) EDUCATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00

Date of Receipt
12 / 09 / 2025
Transaction ID : 7218020

Amount of Each Receipt this Period
25.00

Memo Item

B. Kennedy, Amy, Kennedy, DR,
Mailing Address 3510 N Craycroft Rd Apt 3306

City Tucson	State AZ	Zip Code 85718-7269
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) University of Arizona COP/EI Rio Healt		Occupation (for Individual) EDUCATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 09 / 2025
Transaction ID : 7218021

Amount of Each Receipt this Period
100.00

Memo Item

C. Hamilton, Brandi, Hamilton, DR,
Mailing Address 350 N Crescent Dr Apt 306

City Beverly Hills	State CA	Zip Code 90210-4809
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) California Rehabilitation Institute		Occupation (for Individual) DIR_ASSOC_OR_ASST_DIR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 225.00

Date of Receipt
12 / 09 / 2025
Transaction ID : 7218022

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 21 OF 27
	<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. Somma McGivney, Melissa, Somma McGivney, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Terrace St 5411 Salk Hall

City Pittsburgh	State PA	Zip Code 15213-2523
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Pittsburgh	Occupation (for Individual) EDUCATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2025

Transaction ID : 7218032

Amount of Each Receipt this Period
25.00

Memo Item

B. Somma McGivney, Melissa, Somma McGivney, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Terrace St 5411 Salk Hall

City Pittsburgh	State PA	Zip Code 15213-2523
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Pittsburgh	Occupation (for Individual) EDUCATOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2025

Transaction ID : 7218033

Amount of Each Receipt this Period
100.00

Memo Item

C. Hose, Brian, Hose, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12531 Garrow Dr

City Clear Spring	State MD	Zip Code 21722-1708
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Sharpsburg Pharmacy	Occupation (for Individual) 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
12		18		2025

Transaction ID : 7218034

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Hose, Brian, Hose, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12531 Garrow Dr
 City Clear Spring State MD Zip Code 21722-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharpsburg Pharmacy Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 18 / 2025
Transaction ID : 7218035
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Johnsrud, T J, Johnsrud, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 130
 City Conrad State IA Zip Code 50621-0130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Iowa College of Phar Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 11 / 17 / 2025
Transaction ID : 7225345
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Johnsrud, T J, Johnsrud, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 130
 City Conrad State IA Zip Code 50621-0130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Iowa College of Phar Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2025
Transaction ID : 7225346
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	11583.44

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"/> 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

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

NAME OF COMMITTEE (In Full)

AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	1		2	0	2	5		

Mailing Address 1753 Pinnacle Drive
3rd Floor

City Mc Lean State VA Zip Code 22102

FEC Identification Number

C []

Transaction ID : 7217356

Amount of Each Disbursement this Period

[] 1452.56

Purpose of Disbursement

[001]
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

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

[] 1452.56

[] 1452.56

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

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

NAME OF COMMITTEE (In Full)

AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Steve Daines For Montana

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	2	5		

Mailing Address PO Box 8000

City Bozeman	State MT	Zip Code 59719-8000
-----------------	-------------	------------------------

FEC Identification Number

C	C00491357
---	-----------

Transaction ID : 7217175

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Daines, Steve, , Sen.,

Office Sought: House
 Senate
 President

State: MT District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	3		2	0	2	5		

Mailing Address PO Box 1318

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

FEC Identification Number

C	C00495952
---	-----------

Transaction ID : 7217176

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Schneider, Brad, , Rep.,

Office Sought: House
 Senate
 President

State: IL District: 10

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Derek Tran for Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	4		2	0	2	5		

Mailing Address PO Box 395
Stanford Ave

City Garden Grove	State CA	Zip Code 92842
----------------------	-------------	-------------------

FEC Identification Number

C	C00851790
---	-----------

Transaction ID : 7217178

Amount of Each Disbursement this Period

3500.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Derek Tran for Congress

Office Sought: House
 Senate
 President

State: CA District: 00

Disbursement For: 2026
 Primary General
 Other (specify) ▼

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

8500.00

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"/> 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

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

NAME OF COMMITTEE (In Full)

AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Mark Warner

Mailing Address 1490-5a Quarterpath Rd
#213

City
Williamsburg

State
VA

Zip Code
23185

Purpose of Disbursement

011

Candidate Name

Warner, Mark, R., Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: VA

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2025

FEC Identification Number

C C00438713

Transaction ID : 7217179

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City
Christiansburg

State
VA

Zip Code
24068

Purpose of Disbursement

011

Candidate Name

Griffith, Morgan, , Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify)

State: VA

District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2025

FEC Identification Number

C C00477240

Transaction ID : 7217180

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Delbene For Congress

Mailing Address PO Box 477

City
Kirkland

State
WA

Zip Code
98083

Purpose of Disbursement

011

Candidate Name

DelBene, Suzan, , Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2026

Primary General
 Other (specify) ▼

State: WA

District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2025

FEC Identification Number

C C00459099

Transaction ID : 7217181

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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"/> 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

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

NAME OF COMMITTEE (In Full)

AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Diana For Congress

Mailing Address PO Box 7208

City
Kingsport

State
TN

Zip Code
37664

Purpose of Disbursement

011

Candidate Name

Harshbarger, Diana, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	5

FEC Identification Number

C C00741090

Transaction ID : 7217182

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Mullin for Congress

Mailing Address PO BOX 869

City
Belmont

State
CA

Zip Code
94002

Purpose of Disbursement

011

Candidate Name

Kevin Mullin for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	2	5

FEC Identification Number

C C00795005

Transaction ID : 7217183

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. Mike Thompson For Congress

Mailing Address 5445 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement

011

Candidate Name

Thompson, Mike, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	2	5

FEC Identification Number

C C00326363

Transaction ID : 7217184

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

9	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"/> 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

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

NAME OF COMMITTEE (In Full)

AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 22401

City
Louisville

State
KY

Zip Code
40252

Purpose of Disbursement

011

Candidate Name

Guthrie, Brett, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: KY District: 02

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	5

FEC Identification Number

C C00445023

Transaction ID : 7217353

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 22401

City
Louisville

State
KY

Zip Code
40252

Purpose of Disbursement

Voided Check

011

Candidate Name

Guthrie, Brett, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: KY District: 02

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	5

FEC Identification Number

C C00445023

Transaction ID : 7225350

Amount of Each Disbursement this Period

- 2500.00

Voided Check

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

FEC Identification Number

C

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)..... ▶

28000.00