

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Association for Accessible Medicines 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="2026"/>		<input type="text" value="17812.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18257.03"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2012.50"/>	<input type="text" value="10457.50"/>
(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="20269.53"/>	<input type="text" value="28269.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="14000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14269.53"/>	<input type="text" value="14269.53"/>
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

Association for Accessible Medicines 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).....	1640.00	8560.00
(ii) Unitemized	372.50	1897.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2012.50	10457.50
(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)	2012.50	10457.50
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)).....▶	2012.50	10457.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2012.50	10457.50

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	14000.00
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)) ..	6000.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	14000.00

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)	2012.50	10457.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2012.50	10457.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)
 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)
Association for Accessible Medicines Political Action Committee

A. Chrstrup, Shana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 03 / 2026
Transaction ID : A2026-885872
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Chrstrup, Shana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 17 / 2026
Transaction ID : A2026-885863
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Chrstrup, Shana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Director, Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 01 / 2026
Transaction ID : A2026-1118558
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 15
	<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)
Association for Accessible Medicines Political Action Committee

A. Chrstrup, Shana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2026
Transaction ID : A2026-1118572
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Chrstrup, Shana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2026
Transaction ID : A2026-1118585
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Gaines, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior Director Sciences & Regulatory
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2026
Transaction ID : A2026-1118574
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 15
	<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)
Association for Accessible Medicines Political Action Committee

A. Hart, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 29 / 2026
Transaction ID : A2026-1118583
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Michelin, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 03 / 2026
Transaction ID : A2026-885876
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Michelin, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 17 / 2026
Transaction ID : A2026-885854
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Association for Accessible Medicines Political Action Committee

A. Michelin, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2026
Transaction ID : A2026-1118548
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Michelin, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2026
Transaction ID : A2026-1118561
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Michelin, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2026
Transaction ID : A2026-1118575
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 15
<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

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NAME OF COMMITTEE (In Full)
Association for Accessible Medicines Political Action Committee

A. Murphy, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 03 / 2026
Transaction ID : A2026-885873
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Murphy, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 17 / 2026
Transaction ID : A2026-885864
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Murphy, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 05 / 01 / 2026
Transaction ID : A2026-1118560
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 11 OF 15
<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)
Association for Accessible Medicines Political Action Committee

A. Murphy, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2026
Transaction ID : A2026-1118573
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Murphy, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 29 / 2026
Transaction ID : A2026-1118586
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Ratner, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior VP Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 03 / 2026
Transaction ID : A2026-885874
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 12 OF 15
	<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)
Association for Accessible Medicines Political Action Committee

A. Ratner, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 17 / 2026**
Transaction ID : A2026-885865
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Ratner, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **05 / 01 / 2026**
Transaction ID : A2026-1118559
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Ratner, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW
 Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 15 / 2026**
Transaction ID : A2026-1118569
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Association for Accessible Medicines Political Action Committee

A. Ratner, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Suite 850
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2026
Transaction ID : A2026-1118584
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Van Meter, Ashlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2026
Transaction ID : A2026-885877
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Van Meter, Ashlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2026
Transaction ID : A2026-885855
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Association for Accessible Medicines Political Action Committee

A. Van Meter, Ashlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 05 / 01 / 2026
Transaction ID : A2026-1118549
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Van Meter, Ashlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 05 / 15 / 2026
Transaction ID : A2026-1118563
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Van Meter, Ashlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 New Jersey Avenue NW Ste 850
 City Washington State DC Zip Code 20001-3051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Association for Accessible Medicines Occupation (for Individual) Sr Dir State GA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 05 / 29 / 2026
Transaction ID : A2026-1118576
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	1640.00

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

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)

Association for Accessible Medicines Political Action Committee

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address 410 1st Street SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

011

Candidate Name

Guthrie, Brett, , ,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2026

FEC Identification Number

C00445023

Transaction ID : B922382

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Common Sense for America PAC

Mailing Address 1020 N. Fairfax St. Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2026

FEC Identification Number

C00634774

Transaction ID : B923712

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jamie Raskin for Congress

Mailing Address P.O. Box 5418

City Takoma Park State MD Zip Code 20913

Purpose of Disbursement

Contribution

011

Candidate Name

Raskin, Jamie, , ,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2026

FEC Identification Number

C00575126

Transaction ID : B923711

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

6000.00