

# 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  
Generic Pharmaceutical Association Political Action Committee

ADDRESS (number and street) 777 6th Street, NW  
Suite 510  
 Check if different than previously reported. (ACC) Washington DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00383463 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 M M M / D D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014

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 Jason R Money

Signature of Treasurer Jason R Money [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Generic Pharmaceutical 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="2014"/>		59128.93
(b) Cash on Hand at Beginning of Reporting Period.....	51091.43	
(c) Total Receipts (from Line 19) .....	9505.00	17967.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60596.43	77096.43
7. Total Disbursements (from Line 31).....	22000.00	38500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	38596.43	38596.43
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**Generic Pharmaceutical 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).....	6450.00	8975.00
(ii) Unitemized .....	55.00	992.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6505.00	9967.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	8000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9505.00	17967.50
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))..... ▶	9505.00	17967.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9505.00	17967.50

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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.....	22000.00	38500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22000.00	38500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22000.00	38500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	9505.00	17967.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9505.00	17967.50
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: (check only one)	PAGE 6 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

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)  
**Generic Pharmaceutical Association Political Action Committee**

**A. Douglas Boothe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 Suttons Lane  
City Piscataway State NJ Zip Code 08854-5716  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Perrigo Occupation Executive VP & General Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 12 / 2014  
**Transaction ID : 5950891**  
Amount of Each Receipt this Period 5000.00

**B. Christine Simmon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 6th Street NW  
City Washington State DC Zip Code 20001-3723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Generic Pharmaceutical Association Occupation Senior VP Policy & Strategic Alliances  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR64463698707**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. Jason R. Money**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 6th Street, NW Suite 510  
City Washington State DC Zip Code 20001-4498  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Generic Pharmaceutical Associa Occupation Associate VP of Federal Govt Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR64464138707**  
Amount of Each Receipt this Period 160.00  
P/R Deduction (\$80.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5360.00  
**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)  
**Generic Pharmaceutical Association Political Action Committee**

**A. Chris Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 6th Street, NW

City Washington	State DC	Zip Code 20001-3723
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FEC ID number of contributing federal political committee. **C**

Name of Employer Generic Pharmaceutical Association	Occupation Director Federal Government Affairs
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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
03	/	31	/	2014

**Transaction ID : PR64464628707**

Amount of Each Receipt this Period  

80.00
-------

P/R Deduction (\$40.00 Bi-Weekly)

**B. Brynna Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 6th Street, NW

City Washington	State DC	Zip Code 20001-3723
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FEC ID number of contributing federal political committee. **C**

Name of Employer Generic Pharmaceutical Association	Occupation Senior Director of State Government Af
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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
03	/	31	/	2014

**Transaction ID : PR64464828707**

Amount of Each Receipt this Period  

80.00
-------

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 777 6th Street NW

City Washington	State DC	Zip Code 20001-3723
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FEC ID number of contributing federal political committee. **C**

Name of Employer Generic Pharmaceutical Association	Occupation Senior Vice President Sciences & Regul
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : PR64464848707**

Amount of Each Receipt this Period  

200.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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)  
**Generic Pharmaceutical Association Political Action Committee**

**A. Melissa Schulman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 6th Street NW

City Washington	State DC	Zip Code 20001-3723
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FEC ID number of contributing federal political committee. **C**

Name of Employer Generic Pharmaceutical Association	Occupation Senior Vice President Government Affai
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : PR64464858707**

Amount of Each Receipt this Period  
450.00

P/R Deduction (\$225.00 Bi-Weekly)

**B. Claire Sheahan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 6th Street NW

City Washington	State DC	Zip Code 20001-3723
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FEC ID number of contributing federal political committee. **C**

Name of Employer Generic Pharmaceutical Association	Occupation Vice President Communications
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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
03	/	31	/	2014

**Transaction ID : PR64464868707**

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. Heidi Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 228 10th Street NE, #16

City Washington	State DC	Zip Code 20002-6200
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FEC ID number of contributing federal political committee. **C**

Name of Employer Generic Pharmaceutical Association	Occupation Director Federal Government Affairs
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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
03	/	31	/	2014

**Transaction ID : PR65660518707**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	730.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6450.00



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

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

FOR LINE NUMBER: PAGE 9 OF 14  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Generic Pharmaceutical Association Political Action Committee**

**A. HOSPIRA INC PAC LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 275 N FIELD DRIVE  
HI - 4S DEPT GVAF  
City LAKE FOREST State IL Zip Code 60045  
FEC ID number of contributing federal political committee. **C** C00433284  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2014  
**Transaction ID : 5950091**  
Amount of Each Receipt this Period  
3000.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

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

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

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NAME OF COMMITTEE (In Full)

**Generic Pharmaceutical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walden For Congress**

Mailing Address PO Box 1091

City: Hood River State: OR Zip Code: 97031

Purpose of Disbursement: Contribution

011

Category/Type

Candidate Name

**Rep. Greg Walden**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

**Transaction ID : 5950092**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN MCCAIN INC**

Mailing Address PO BOX 16664

City: ARLINGTON State: VA Zip Code: 22215

Purpose of Disbursement: Contribution

011

Category/Type

Candidate Name

**Mr. John McCain**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

**Transaction ID : 5950663**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City: La Crosse State: WI Zip Code: 54601

Purpose of Disbursement: Contribution

011

Category/Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

**Transaction ID : 5950881**

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Generic Pharmaceutical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Sessions Senate Committee Inc**

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Jeff Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : 5950882**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Wyden For Senate**

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : 5950883**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JEANNE SHAHEEN**

Mailing Address PO BOX 1510

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Jeanne Shaheen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : 5950884**

Amount of Each Disbursement this Period

2000.00
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Contribution

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Generic Pharmaceutical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Joseph Pitts**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

**Transaction ID : 5950885**

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Joseph Pitts**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

**Transaction ID : 5950887**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement Contribution

011

Candidate Name

**Sen. Mitch McConnell**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

**Transaction ID : 5950889**

Amount of Each Disbursement this Period

2500.00

Contribution

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

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NAME OF COMMITTEE (In Full)

**Generic Pharmaceutical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bilirakis For Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Gus Bilirakis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

**Transaction ID : 5950890**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tom Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2014

**Transaction ID : 5950915**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Hurt for Congress**

Mailing Address 101 E. Cary Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Robert Hurt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2014

**Transaction ID : 5950919**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Generic Pharmaceutical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Scott for Senate**

Mailing Address 499 South Capitol Street, SW Ste 4

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Timothy Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : 5950921**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JEANNE SHAHEEN**

Mailing Address PO BOX 1510

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Jeanne Shaheen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2014

**Transaction ID : 5950923**

Amount of Each Disbursement this Period

500.00

Contribution

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

22000.00