

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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** 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 Quarterly 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 07 01 2010 through 09 30 2010

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 William Head

Signature of Treasurer Electronically Filed by William Head Date 10 14 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Generic Pharmaceutical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		43534.74
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	53860.23									
(c) Total Receipts (from Line 19) .....	5960.00	37780.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59820.23	81315.05								
7. Total Disbursements (from Line 31) .....	29632.80	51127.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30187.43	30187.43								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Generic Pharmaceutical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	960.00	29156.44
(ii) Unitemized .....	0.00	1623.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	960.00	30780.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	7000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5960.00	37780.31
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 Transfer (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)) .....	5960.00	37780.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5960.00	37780.31

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	3632.80	3632.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3632.80	3632.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	47494.82
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	29632.80	51127.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29632.80	51127.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	5960.00	37780.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5960.00	37780.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3632.80	3632.80
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3632.80	3632.80

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 18
(check only one)	
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Billings	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 777 6th Street, NW Suite 510	<b>Transaction ID:</b> SA11AI.5374
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Generic Pharmaceutical As- sn Occupation: Vice President of Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Billings	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 777 6th Street, NW Suite 510	<b>Transaction ID:</b> SA11AI.5375
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Generic Pharmaceutical As- sn Occupation: Vice President of Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Billings	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 777 6th Street, NW Suite 510	<b>Transaction ID:</b> SA11AI.5376
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Generic Pharmaceutical As- sn Occupation: Vice President of Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</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 7 / 18
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Billings		Date of Receipt
	Mailing Address 777 6th Street, NW Suite 510		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5377
Name of Employer Generic Pharmaceutical As- sn		Occupation Vice President of Policy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
		<input type="text" value="680.00"/>	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Billings		Date of Receipt
	Mailing Address 777 6th Street, NW Suite 510		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5378
Name of Employer Generic Pharmaceutical As- sn		Occupation Vice President of Policy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
		<input type="text" value="720.00"/>	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Billings		Date of Receipt
	Mailing Address 777 6th Street, NW Suite 510		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5379
Name of Employer Generic Pharmaceutical As- sn		Occupation Vice President of Policy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
		<input type="text" value="760.00"/>	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Generic Pharmaceutical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gordon Johnston

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 07 / 09 / 2010  
**Transaction ID: SA11AI.5380**  
 Amount of Each Receipt this Period: 40.00  
 Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Gordon Johnston

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 07 / 23 / 2010  
**Transaction ID: SA11AI.5381**  
 Amount of Each Receipt this Period: 40.00  
 Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Gordon Johnston

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt: 08 / 06 / 2010  
**Transaction ID: SA11AI.5382**  
 Amount of Each Receipt this Period: 40.00  
 Payroll Deduction

**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: PAGE 9 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Generic Pharmaceutical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gordon Johnston

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt: 08 / 20 / 2010  
**Transaction ID: SA11AI.5383**  
 Amount of Each Receipt this Period: 40.00  
 Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Gordon Johnston

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 09 / 03 / 2010  
**Transaction ID: SA11AI.5384**  
 Amount of Each Receipt this Period: 40.00  
 Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Gordon Johnston

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 17 / 2010  
**Transaction ID: SA11AI.5385**  
 Amount of Each Receipt this Period: 40.00  
 Payroll Deduction

**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 / 18
	<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)  
Generic Pharmaceutical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason R. Money	Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2010
	Mailing Address 777 6th Street, NW Suite 510	<b>Transaction ID:</b> SA11AI.5386
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Generic Pharmaceutical As-socia Occupation: Director of Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1120.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason R. Money	Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2010
	Mailing Address 777 6th Street, NW Suite 510	<b>Transaction ID:</b> SA11AI.5387
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Generic Pharmaceutical As-socia Occupation: Director of Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jason R. Money	Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2010
	Mailing Address 777 6th Street, NW Suite 510	<b>Transaction ID:</b> SA11AI.5388
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Generic Pharmaceutical As-socia Occupation: Director of Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</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: PAGE 11 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Generic Pharmaceutical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jason R. Money

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Director of Federal Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt: 08 / 20 / 2010  
**Transaction ID:** SA11AI.5389  
 Amount of Each Receipt this Period: 80.00  
 Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Jason R. Money

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Director of Federal Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt: 09 / 03 / 2010  
**Transaction ID:** SA11AI.5390  
 Amount of Each Receipt this Period: 80.00  
 Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Jason R. Money

Mailing Address 777 6th Street, NW  
Suite 510

City Washington State DC Zip Code 20001

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

Name of Employer: Generic Pharmaceutical As-socia  
Occupation: Director of Federal Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1520.00

Date of Receipt: 09 / 17 / 2010  
**Transaction ID:** SA11AI.5391  
 Amount of Each Receipt this Period: 80.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

**TOTAL** This Period (last page this line number only) ..... ► 960.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 18

(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.

Full Name (Last, First, Middle Initial)  
MYLAN LABORATORIES INC PAC (MYLAN LABS PAC)

Mailing Address 1500 CORPORATE DR SUITE 400  
CENTURY BLDG

City State Zip Code  
CANONSBURG PA 15137

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	0

Transaction ID: SA11C.5373

Amount of Each Receipt this Period  
5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

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

5000.00

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) Generic Pharmaceutical Association (GPhA)	Transaction ID: SB21B.5370 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 777 6th Street, NW Suite 510 City Washington State DC Zip Code 20001 Purpose of Disbursement Reimbursement for Administrative Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 1662.17	
<b>B.</b> Full Name (Last, First, Middle Initial) William Head	Transaction ID: SB21B.5369 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 777 6th Street, NW Suite 510 City Washington State DC Zip Code 20001 Purpose of Disbursement Reimbursement for Administrative Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 1871.63	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3533.80
<b>TOTAL</b> This Period (last page this line number only) .....	3533.80

**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

A.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.5371 Date of Disbursement 07 / 01 / 2010
	Mailing Address PO BOX 1096	Amount of Each Disbursement this Period 1000.00
	City BANGOR State ME Zip Code 04402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COLLINS FOR SENATOR	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: SB23.5396 Date of Disbursement 09 / 29 / 2010
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 5000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM- PAC)	Transaction ID: SB23.5392 Date of Disbursement 07 / 23 / 2010
	Mailing Address 5915 Eastman Avenue Suite 100	Amount of Each Disbursement this Period 2500.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> 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)

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<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

A.	Full Name (Last, First, Middle Initial) <b>FUND FOR AMERICAS FUTURE</b>	<b>Transaction ID:</b> SB23.5366
	Mailing Address P.O. Box 1373	Date of Disbursement 09 / 10 / 2010
	City Columbia State SC Zip Code 29202	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name <b>FUND FOR AMERICAS FUTURE</b>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
B.	Full Name (Last, First, Middle Initial) <b>HATCH ELECTION COMMITTEE INC</b>	<b>Transaction ID:</b> SB23.5397
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	Date of Disbursement 09 / 29 / 2010
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: UT District:	
C.	Full Name (Last, First, Middle Initial) <b>Manchin for West Virginia</b>	<b>Transaction ID:</b> SB23.5394
	Mailing Address 426 C Street, NE	Date of Disbursement 09 / 22 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name <b>Manchin for West Virginia</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: WV District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<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

A.	Full Name (Last, First, Middle Initial) <b>MARCO RUBIO FOR US SENATE</b>	<b>Transaction ID:</b> SB23.5399
	Mailing Address <b>4027 SOUTH LEJEUNE ROAD</b>	Date of Disbursement <input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City <b>CORAL GABLES</b> State <b>FL</b> Zip Code <b>33146</b>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Purpose of Disbursement	<input type="text" value="011"/> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>00</b>	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>Mission PAC</b>	<b>Transaction ID:</b> SB23.5404
	Mailing Address <b>38 Ivy Street, SE</b>	Date of Disbursement <input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
	Purpose of Disbursement	<input type="text" value="011"/> Category/ Type
	Candidate Name <b>Mission PAC</b>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>Rob Portman for US Senate</b>	<b>Transaction ID:</b> SB23.5401
	Mailing Address <b>900 19th Street, NW 8th Floor</b>	Date of Disbursement <input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20006</b>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Purpose of Disbursement	<input type="text" value="011"/> Category/ Type
	Candidate Name <b>Rob Portman for US Senate</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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



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

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FOR LINE NUMBER:  
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<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

<b>A.</b> Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND <hr/> Mailing Address P.O. Box 32025 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement <hr/> Candidate Name SENATE MAJORITY FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5358 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE <hr/> Mailing Address PO BOX 4945 <hr/> City EAST LANSING State MI Zip Code 48826 <hr/> Purpose of Disbursement <hr/> Candidate Name STABENOW FOR US SENATE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5361 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC. PAC <hr/> Mailing Address P.O. Box 29576 <hr/> City Washington State DC Zip Code 20017 <hr/> Purpose of Disbursement <hr/> Candidate Name TALLATCHEE CREEK INC. PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5362 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

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<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

A.

Full Name (Last, First, Middle Initial)  
WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VT District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5364  
Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

26000.00