

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 Association for Accessible Medicines Political Action Committee

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

2. FEC IDENTIFICATION NUMBER C C00383463 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Bowlin, Chris, , , Type or Print Name of Treasurer

Signature of Treasurer Bowlin, Chris, , , [Electronically Filed] Date 07 / 31 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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="2017"/>		66721.23
(b) Cash on Hand at Beginning of Reporting Period.....	66721.23	
(c) Total Receipts (from Line 19)	25887.40	25887.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92608.63	92608.63
7. Total Disbursements (from Line 31).....	53599.00	53599.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39009.63	39009.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Association for Accessible Medicines Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	20509.90	20509.90
(ii) Unitemized	377.50	377.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20887.40	20887.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25887.40	25887.40
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)).....▶	25887.40	25887.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25887.40	25887.40

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	99.00	99.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	99.00	99.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	53500.00
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)) ..	53599.00	53599.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53599.00	53599.00

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)	25887.40	25887.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25887.40	25887.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	99.00	99.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	99.00	99.00

**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 22
<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)
Association for Accessible Medicines Political Action Committee

A. Wheeler, Craig, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Somerset Street
 City Belmont State MA Zip Code 02478-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Momenta Pharmaceuticals Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 20 / 2017
Transaction ID : 8768721
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Giuli, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 Chestnut Street
 City Bethesda State MD Zip Code 20814-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Apotex Occupation (for Individual) Vice President of Government Affairs a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 04 / 2017
Transaction ID : 8768722
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Simmon, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior VP Policy & Strategic Alliances
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR644636922796
 Amount of Each Receipt this Period 1300.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	7300.00
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 22
<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. Clark, Brynna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior Director, State Government Affa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR644648222796
 Amount of Each Receipt this Period 520.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Gaugh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior VP Sciences & Regulatory Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR644648422796
 Amount of Each Receipt this Period 1300.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Wilson, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior Director, Federal Government Af
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR656605122796
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2220.00
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 22
<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. Altman, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Executive Assistant to the President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR739268622796
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Davis, Chester, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2470.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR825606222796
 Amount of Each Receipt this Period 2470.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

C. Brzica, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Vice President, Federal Government Aff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR829973622796
 Amount of Each Receipt this Period 520.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 22
<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. Cruz, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior Manager, Federal Government A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR830226622796
 Amount of Each Receipt this Period
 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Bowlin, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior Vice President, Government Aff:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR855127622796
 Amount of Each Receipt this Period
 2499.90
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. McDermott-Vitak, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Vice President, Corporate Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : PR859332822796
 Amount of Each Receipt this Period
 1300.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	4059.90
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 22
<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. Garrigan, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Senior Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR863607922796
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Goldberg, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Vice President, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR871306722796
 Amount of Each Receipt this Period 520.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Anderson, Kathryn, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Association for Accessible Medicines Occupation (for Individual) Vice President, Federal Government Aff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **06 / 30 / 2017**
Transaction ID : PR871313122796
 Amount of Each Receipt this Period 1600.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2380.00
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 11 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Francer, Jeffrey, , ,

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 (for Individual) **Association for Accessible Medicines** Occupation (for Individual) **Senior Vice President and General Cou**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
06 / 30 / 2017

Transaction ID : PR890656122796

Amount of Each Receipt this Period
1300.00

Memo Item

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

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	20509.90

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

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

FOR LINE NUMBER: PAGE 12 OF 22
(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)
Association for Accessible Medicines Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mylan, Inc. PAC (MYPAC)

Mailing Address 700 6TH STREET NW
SUITE 525

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00332395

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2017

Transaction ID : 8768723

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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)

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

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

Full Name (Last, First, Middle Initial) A. Mccaskill For Missouri		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017
Mailing Address PO Box 300077		FEC Identification Number C C00431304 Transaction ID : 8768665
City St Louis	State MO	Zip Code 63130
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name McCaskill, Claire, , Sen.,		Amount of Each Disbursement this Period 1500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District:	

Full Name (Last, First, Middle Initial) B. Michael Burgess For Congress		Date of Disbursement MM / DD / YYYY 02 / 08 / 2017
Mailing Address PO Box 2334		FEC Identification Number C C00372532 Transaction ID : 8768666
City Denton	State TX	Zip Code 76202
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Burgess, Michael, , Rep., M.D.		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: TX	District: 26	

Full Name (Last, First, Middle Initial) C. HATCH ELECTION COMMITTEE INC		Date of Disbursement MM / DD / YYYY 02 / 08 / 2017
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		FEC Identification Number C C00104752 Transaction ID : 8768667
City SALT LAKE CITY	State UT	Zip Code 84101
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Hatch, Orrin, , Mr.,		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: UT	District:	

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

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)

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

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

A. Kevin Mccarthy For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name
McCarthy, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2017

FEC Identification Number

C C00420935

Transaction ID : 8768668
Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

B. Marino For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement Contribution

Candidate Name
Marino, Tom, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 10

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2017

FEC Identification Number

C C00475145

Transaction ID : 8768669
Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

C. NEW DEMOCRAT COALITION PAC

Full Name (Last, First, Middle Initial)

Mailing Address 700 13TH STREET
NWSUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name
NEW DEMOCRAT COALITION PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C C00409730

Transaction ID : 8768670
Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Accessible Medicines Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SHERROD BROWN

Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Brown, Sherrod, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C00264697

Transaction ID : 8768671

Amount of Each Disbursement this Period

3500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SHERROD BROWN

Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Brown, Sherrod, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C00264697

Transaction ID : 8768672

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

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

Kind, Ron, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C00312017

Transaction ID : 8768673

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Rothfus For Congress		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address PO Box 435		FEC Identification Number C00497115 Transaction ID : 8768675
City Sewickley	State PA	Zip Code 15143
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Rothfus, Keith, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: PA District: 12	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address PO Box 16128		FEC Identification Number C00254185 Transaction ID : 8768677
City Houston	State TX	Zip Code 77222
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Green, Gene, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: TX District: 29	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Issa For Congress		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address PO Box 760		FEC Identification Number C00350520 Transaction ID : 8768678
City Vista	State CA	Zip Code 92085
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Issa, Darrell, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: CA District: 49	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

TOTAL 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"/> 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)
Association for Accessible Medicines Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Yoder, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KS District: 03

Date of Disbursement
MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number
C C00472365
Transaction ID : 8768679
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Goodlatte, Bob, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: VA District: 06

Date of Disbursement
MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number
C C00257956
Transaction ID : 8768680
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Pallone, Frank, , Mr., Jr

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement
MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number
C C00226928
Transaction ID : 8768681
Amount of Each Disbursement this Period
2500.00
Contribution

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For US Senate

Mailing Address PO Box 80505

City: Baton Rouge
State: LA
Zip Code: 70898

Purpose of Disbursement: Contribution

011
Category/Type

Candidate Name: **Cassidy, Bill, , Sen.,**

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C00543983

Transaction ID : **8768682**
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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: **Walden, Greg, , Rep.,**

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C00333427

Transaction ID : **8768683**
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: **Walden, Greg, , Rep.,**

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 25 / 2017

FEC Identification Number

C00333427

Transaction ID : **8768684**
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Walden For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement Contribution
Candidate Name **Walden, Greg, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: OR District: 02

Date of Disbursement: 04 / 25 / 2017

FEC Identification Number: C00333427
Transaction ID : 8768685
Amount of Each Disbursement this Period: 5000.00
Contribution
 Memo Item

B. Stivers For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution
Candidate Name **Stivers, Steve, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: OH District: 15

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00441352
Transaction ID : 8768686
Amount of Each Disbursement this Period: 1500.00
Contribution
 Memo Item

C. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement Contribution
Candidate Name **Stabenow, Debbie, , Ms.,**
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00344473
Transaction ID : 8768687
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mckinley For Congress		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address 23 STAMM LN		FEC Identification Number C C00473132 Transaction ID : 8768688
City WHEELING	State WV	Zip Code 26003
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name McKinley, David, , Mr.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District: 01	

Full Name (Last, First, Middle Initial) B. WELCH FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address PO BOX 1682		FEC Identification Number C C00413179 Transaction ID : 8768689
City BURLINGTON	State VT	Zip Code 05402
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Welch, Peter, , Mr.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VT	District: 00	

Full Name (Last, First, Middle Initial) C. Loeb sack For Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address PO Box 3013		FEC Identification Number C C00414318 Transaction ID : 8768690
City Iowa City	State IA	Zip Code 52244
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Loeb sack, David, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 02	

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

TOTAL 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"/> 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)
Association for Accessible Medicines Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of John Barrasso		Date of Disbursement MM / DD / YYYY 04 / 26 / 2017
Mailing Address PO Box 52008		FEC Identification Number C000436386 Transaction ID : 8768691
City Casper	State WY	Zip Code 82605
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Barrasso, John, , Sen., MD		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WY	District:	

Full Name (Last, First, Middle Initial) B. McConnell for Majority Leader Committee		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address 228 S Washington St Suite 115		FEC Identification Number C Transaction ID : 8768692
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Scalise Leadership Fund		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address 317 15th Street, NE		FEC Identification Number C00568162 Transaction ID : 8768693
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Scalise Leadership Fund		Amount of Each Disbursement this Period 2000.00 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Accessible Medicines Political Action Committee

Full Name (Last, First, Middle Initial)

A. TENNPAC

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
TENNPAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8768694

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Team Ryan

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8768697

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Sensible American Solutions Supporting Everyone

Mailing Address 332 W LEE HWY
303

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Sensible American Solutions Supporting Everyone

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8768698

Amount of Each Disbursement this Period

Contribution

Memo Item

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

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