

# 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.   
American Pharmacists Association Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Mr. Joe Janela

Signature of Treasurer *Mr. Joe Janela* [Electronically Filed] Date  /  /

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Pharmacists Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="89658.35"/>	<input type="text" value="89658.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88053.11"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19286.59"/>	<input type="text" value="37465.59"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="107339.70"/>	<input type="text" value="127123.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64811.42"/>	<input type="text" value="84595.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42528.28"/>	<input type="text" value="42528.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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. 06/2004)

Write or Type Committee Name

**American Pharmacists Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7097.79	16137.79
(ii) Unitemized .....	12188.80	21327.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19286.59	37465.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19286.59	37465.59
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))..... ▶	19286.59	37465.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19286.59	37465.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	10311.42	11095.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10311.42	11095.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	69000.00
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 .....	4500.00	4500.00
(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)).....	4500.00	4500.00
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)) ..	64811.42	84595.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64811.42	84595.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	19286.59	37465.59
34. Total Contribution Refunds (from Line 28(d)) .....	4500.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14786.59	32965.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10311.42	11095.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10311.42	11095.66

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

Form/Schedule: F3XA  
Transaction ID :

This amendment is correct the aggregate year-to-date for two individuals.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

**A. James Samuel Alcorn**  
Full Name (Last, First, Middle Initial)

Mailing Address 16610 Palm Royal Dr  
Apt 926

City Tampa State FL Zip Code 33647-2667

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

Name of Employer University of South Florida Occupation STUDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
594.00

Date of Receipt  
04 / 22 / 2015  
**Transaction ID : C2998764**

Amount of Each Receipt this Period  
200.00

**B. James Samuel Alcorn**  
Full Name (Last, First, Middle Initial)

Mailing Address 16610 Palm Royal Dr  
Apt 926

City Tampa State FL Zip Code 33647-2667

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

Name of Employer University of South Florida Occupation STUDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
594.00

Date of Receipt  
04 / 22 / 2015  
**Transaction ID : C2998765**

Amount of Each Receipt this Period  
294.00

**C. Lowell J. Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3162 Hamline Ave N  
NULL

City Arden Hills State MN Zip Code 55112-3730

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

Name of Employer Center for Leading Health-Care Change Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
04 / 01 / 2015  
**Transaction ID : C3049233**

Amount of Each Receipt this Period  
315.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 809.00

**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 48
	<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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Susan E Bartlemay**

Mailing Address 2885 Sanford Ave SW #30304  
Lot 67

City Grandville State MI Zip Code 49418-1342

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

Name of Employer Bartlemay Professional Services, Inc. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015  
**Transaction ID : C3049235**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Susan E Bartlemay**

Mailing Address 2885 Sanford Ave SW #30304  
Lot 67

City Grandville State MI Zip Code 49418-1342

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

Name of Employer Bartlemay Professional Services, Inc. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2015  
**Transaction ID : C3016490**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**c. Amber L. Briggs**

Mailing Address PO Box 2605  
NULL

City Soldotna State AK Zip Code 99669-2605

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

Name of Employer Central Peninsula Hospital Occupation Clinical Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2015  
**Transaction ID : C3050096**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.00
<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 9 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Amber L. Briggs**

Mailing Address PO Box 2605  
 NULL

City Soldotna State AK Zip Code 99669-2605

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

Name of Employer Central Peninsula Hospital Occupation Clinical Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 06 / 01 / 2015  
**Transaction ID : C3118743**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Amber L. Briggs**

Mailing Address PO Box 2605  
 NULL

City Soldotna State AK Zip Code 99669-2605

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

Name of Employer Central Peninsula Hospital Occupation Clinical Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 06 / 27 / 2015  
**Transaction ID : C3118734**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Evan W. Colmenares**

Mailing Address 103 Misty Woods Cir  
 Apt L

City Chapel Hill State NC Zip Code 27514-2490

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

Name of Employer University of North Carolina At Chapel Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 04 / 01 / 2015  
**Transaction ID : C3049310**

Amount of Each Receipt this Period  
 5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 48
	<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)  
**American Pharmacists Association Political Action Committee**

**A. Evan W. Colmenares**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Misty Woods Cir  
Apt L

City Chapel Hill State NC Zip Code 27514-2490

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

Name of Employer University of North Carolina At Chapel  
Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**06 / 25 / 2015**

**Transaction ID : C3047293**

Amount of Each Receipt this Period  
**215.00**

**B. Kimberly L. Croley**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 Chestnut St

City Corbin State KY Zip Code 40701

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

Name of Employer Laurel Senior Living Communities  
Occupation DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
**04 / 10 / 2015**

**Transaction ID : C2982581**

Amount of Each Receipt this Period  
**42.00**

**C. Kimberly L. Croley**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 Chestnut St

City Corbin State KY Zip Code 40701

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

Name of Employer Laurel Senior Living Communities  
Occupation DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
**05 / 10 / 2015**

**Transaction ID : C2999040**

Amount of Each Receipt this Period  
**42.00**

**SUBTOTAL** of Receipts This Page (optional)..... **299.00**

**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 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

**A. Kimberly L. Croley**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 Chestnut St

City Corbin State KY Zip Code 40701

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

Name of Employer Occupation  
Laurel Senior Living Communities DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2015  
Transaction ID : C3022515

Amount of Each Receipt this Period  
42.00

**B. Kaleb Fincher**  
Full Name (Last, First, Middle Initial)

Mailing Address 924 Oakcrest St Apt B

City Iowa City State IA Zip Code 52246-3431

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

Name of Employer Occupation  
University of Iowa College of Pharmacy Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
281.00

Date of Receipt  
04 / 30 / 2015  
Transaction ID : C2998741

Amount of Each Receipt this Period  
1.00

**C. Gregory A. Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address 14049 Old Mill Court

City Carmel State IN Zip Code 46032-8508

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

Name of Employer Occupation  
Kroger Pharmacies Pharmacy Merchandiser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
04 / 01 / 2015  
Transaction ID : C3049269

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
	<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)  
**American Pharmacists Association Political Action Committee**

**A. Bryan "Russ" Gunter**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10031

City Johnson City State TN Zip Code 37614

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

Name of Employer N/A Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 01 / 2015**

**Transaction ID : C3016543**

Amount of Each Receipt this Period  
**15.00**

**B. Ed L. Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1432  
NULL

City Lake Alfred State FL Zip Code 33850-1432

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

Name of Employer Regency Medical Center Pharmacy Occupation DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 01 / 2015**

**Transaction ID : C3016547**

Amount of Each Receipt this Period  
**40.00**

**C. Jason W. Hoffmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 10344 Falcon Parc Blvd  
Apt 106

City Orlando State FL Zip Code 32832-5534

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

Name of Employer Target Occupation Pharmacy Intern

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 01 / 2015**

**Transaction ID : C3016554**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

**A. Jackson T Lindsey**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 98  
NULL

City Omega State GA Zip Code 31775-0098

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

Name of Employer Omega Pharmacy Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 17 / 2015  
Transaction ID : **C2998679**

Amount of Each Receipt this Period  
500.00

**B. Thomas E Menighan**  
Full Name (Last, First, Middle Initial)

Mailing Address 7011 Clinton Ct

City Annapolis State MD Zip Code 21403-7602

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

Name of Employer American Pharmacists Association Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
04 / 01 / 2015  
Transaction ID : **C3049238**

Amount of Each Receipt this Period  
20.00

**C. Thomas E Menighan**  
Full Name (Last, First, Middle Initial)

Mailing Address 7011 Clinton Ct

City Annapolis State MD Zip Code 21403-7602

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

Name of Employer American Pharmacists Association Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
04 / 02 / 2015  
Transaction ID : **C3049833**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<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 14 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Thomas E Menighan**

Mailing Address 7011 Clinton Ct

City Annapolis State MD Zip Code 21403-7602

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

Name of Employer American Pharmacists Association Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2015**

**Transaction ID : C3049837**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Michael A. Mone**

Mailing Address 4909 Scenic Creek Dr  
NULL

City Powell State OH Zip Code 43065

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

Name of Employer Cardinal Health Occupation DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 01 / 2015**

**Transaction ID : C3016570**

Amount of Each Receipt this Period  
**70.00**

Full Name (Last, First, Middle Initial)  
**C. Michael A. Mone**

Mailing Address 4909 Scenic Creek Dr  
NULL

City Powell State OH Zip Code 43065

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

Name of Employer Cardinal Health Occupation DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 06 / 2015**

**Transaction ID : C3049839**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael A. Mone**

Mailing Address 4909 Scenic Creek Dr  
NULL

City Powell State OH Zip Code 43065

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

Name of Employer Cardinal Health Occupation DIR\_ASSOC\_OR\_ASST\_DIR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 08 / 2015  
**Transaction ID : C3049845**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Thomas O Munyer**

Mailing Address 1945 NW 22nd Street

City Gainesville State FL Zip Code 32605

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

Name of Employer College of Pharmacy, Univ of Florida Occupation Clinical Associate Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
05 / 01 / 2015  
**Transaction ID : C3016620**

Amount of Each Receipt this Period  
130.00

Full Name (Last, First, Middle Initial)  
**c. Marilyn S. Osterhaus**

Mailing Address 918 W Platt St

City Maquoketa State IA Zip Code 52060-2038

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

Name of Employer Osterhaus Pharmacy Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
04 / 09 / 2015  
**Transaction ID : C2982571**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00

**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 16 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Marilyn S. Osterhaus**

Mailing Address 918 W Platt St

City Maquoketa State IA Zip Code 52060-2038

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

Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 04 / 26 / 2015  
**Transaction ID : C2991126**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Marilyn S. Osterhaus**

Mailing Address 918 W Platt St

City Maquoketa State IA Zip Code 52060-2038

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

Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 05 / 09 / 2015  
**Transaction ID : C2999010**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**c. Marilyn S. Osterhaus**

Mailing Address 918 W Platt St

City Maquoketa State IA Zip Code 52060-2038

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

Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 05 / 26 / 2015  
**Transaction ID : C3013525**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
<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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Marilyn S. Osterhaus**

Mailing Address 918 W Platt St

City Maquoketa State IA Zip Code 52060-2038

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

Name of Employer Occupation  
Osterhaus Pharmacy Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
06 / 09 / 2015  
**Transaction ID : C3022113**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Marilyn S. Osterhaus**

Mailing Address 918 W Platt St

City Maquoketa State IA Zip Code 52060-2038

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

Name of Employer Occupation  
Osterhaus Pharmacy Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
06 / 26 / 2015  
**Transaction ID : C3038140**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**c. Matthew Osterhaus**

Mailing Address 918 W Platt St

City Maquoketa State IA Zip Code 52060

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

Name of Employer Occupation  
Osterhaus Pharmacy Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  
04 / 09 / 2015  
**Transaction ID : C2982570**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

**A. Matthew Osterhaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 W Platt St  
 City Maquoketa State IA Zip Code 52060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2015  
**Transaction ID : C2991125**  
 Amount of Each Receipt this Period  
 50.00

**B. Matthew Osterhaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 W Platt St  
 City Maquoketa State IA Zip Code 52060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2015  
**Transaction ID : C3016588**  
 Amount of Each Receipt this Period  
 40.00

**C. Matthew Osterhaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 W Platt St  
 City Maquoketa State IA Zip Code 52060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2015  
**Transaction ID : C2999009**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**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 19 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

**A. Matthew Osterhaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 W Platt St  
 City Maquoketa State IA Zip Code 52060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015  
**Transaction ID : C3013526**  
 Amount of Each Receipt this Period  
 50.00

**B. Matthew Osterhaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 W Platt St  
 City Maquoketa State IA Zip Code 52060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015  
**Transaction ID : C3022114**  
 Amount of Each Receipt this Period  
 50.00

**C. Matthew Osterhaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 W Platt St  
 City Maquoketa State IA Zip Code 52060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Osterhaus Pharmacy Pharmacist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : C3038141**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<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)  
**American Pharmacists Association Political Action Committee**

**A. Aaron M. Overton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 SW 16th St Apt 33

City Gainesville	State FL	Zip Code 32608-1437
---------------------	-------------	------------------------

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

Name of Employer University of Florida College of Pharm	Occupation Information Requested
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.79**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

**Transaction ID : C2998685**

Amount of Each Receipt this Period  

176.79
--------

**B. Aaron M. Overton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 SW 16th St Apt 33

City Gainesville	State FL	Zip Code 32608-1437
---------------------	-------------	------------------------

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

Name of Employer University of Florida College of Pharm	Occupation Information Requested
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.79**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

**Transaction ID : C2998686**

Amount of Each Receipt this Period  

355.00
--------

**C. Aaron M. Overton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 SW 16th St Apt 33

City Gainesville	State FL	Zip Code 32608-1437
---------------------	-------------	------------------------

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

Name of Employer University of Florida College of Pharm	Occupation Information Requested
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.79**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

**Transaction ID : C3016625**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>546.79</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 21 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

**A. Katherine C Petsos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 Madison Ave  
 City Cape Canaveral State FL Zip Code 32920-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walgreens Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2015  
**Transaction ID : C3016573**  
 Amount of Each Receipt this Period  
 40.00

**B. Katherine C Petsos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 Madison Ave  
 City Cape Canaveral State FL Zip Code 32920-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walgreens Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : C3047270**  
 Amount of Each Receipt this Period  
 250.00

**C. William H. Riffe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Left Cherry Frk  
 NULL  
 City Montrose State WV Zip Code 26283-9414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Florida Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2015  
**Transaction ID : C3016618**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 22 OF 48  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Steven T. Simenson**

Mailing Address 601 Jacob Ln  
 NULL

City Anoka State MN Zip Code 55303-2405

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

Name of Employer Goodrich Pharmacy Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1060.00

Date of Receipt  
 04 / 01 / 2015  
**Transaction ID : C3049239**

Amount of Each Receipt this Period  
 600.00

Full Name (Last, First, Middle Initial)  
**B. Steven T. Simenson**

Mailing Address 601 Jacob Ln  
 NULL

City Anoka State MN Zip Code 55303-2405

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

Name of Employer Goodrich Pharmacy Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1060.00

Date of Receipt  
 04 / 01 / 2015  
**Transaction ID : C3049265**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Donald Smith**

Mailing Address 802 E Medical Ct

City Post Falls State ID Zip Code 83854

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

Name of Employer Medicine Man West Pharmacy Occupation PHARMACIST\_GENERAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 05 / 01 / 2015  
**Transaction ID : C3016622**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 23 OF 48
	<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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Donald Smith</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2015 <b>Transaction ID : C3047295</b>
Mailing Address 802 E Medical Ct		Amount of Each Receipt this Period 100.00
City Post Falls	State ID	Zip Code 83854
FEC ID number of contributing federal political committee.	C	
Name of Employer Medicine Man West Pharmacy	Occupation PHARMACIST_GENERAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. John Turk</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015 <b>Transaction ID : C2998730</b>
Mailing Address 7473 119th Ave N		Amount of Each Receipt this Period 300.00
City Largo	State FL	Zip Code 33773
FEC ID number of contributing federal political committee.	C	
Name of Employer University of Florida College of Pharm	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	

Full Name (Last, First, Middle Initial) <b>C. John Turk</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2015 <b>Transaction ID : C3016609</b>
Mailing Address 7473 119th Ave N		Amount of Each Receipt this Period 15.00
City Largo	State FL	Zip Code 33773
FEC ID number of contributing federal political committee.	C	
Name of Employer University of Florida College of Pharm	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.00
<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 24 OF 48
	<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)  
**American Pharmacists Association Political Action Committee**

**A. John H Vandel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3415 Reynolds St  
NULL

City Laramie State WY Zip Code 82072-5093

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

Name of Employer University of Wyoming Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1085.00

Date of Receipt  
04 / 01 / 2015  
Transaction ID : C3049267

Amount of Each Receipt this Period  
5.00

**B. John H Vandel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3415 Reynolds St  
NULL

City Laramie State WY Zip Code 82072-5093

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

Name of Employer University of Wyoming Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1085.00

Date of Receipt  
04 / 01 / 2015  
Transaction ID : C3049268

Amount of Each Receipt this Period  
1000.00

**C. John H Vandel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3415 Reynolds St  
NULL

City Laramie State WY Zip Code 82072-5093

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

Name of Employer University of Wyoming Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1085.00

Date of Receipt  
05 / 01 / 2015  
Transaction ID : C3016563

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1085.00
<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 25 OF 48
	<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)  
**American Pharmacists Association Political Action Committee**

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

Mailing Address 15720 Oak Ridge Road  
NULL

City Eden Prairie State MN Zip Code 55346

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

Name of Employer Center for Leading Healthcare Change Occupation STAFF\_PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2015  
**Transaction ID : C3016567**

Amount of Each Receipt this Period  
340.00

**B. Whitney White**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Lakeshore Dr  
NULL

City Birmingham State AL Zip Code 35229-0001

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

Name of Employer Samford University Occupation Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 890.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015  
**Transaction ID : C3049304**

Amount of Each Receipt this Period  
40.00

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7097.79

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alphagraphics**

Mailing Address 1325 G St NW  
Ste 100

City Washington State DC Zip Code 20005-3104

Purpose of Disbursement  
PAC Materials

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167168**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alphagraphics**

Mailing Address 1325 G St NW  
Ste 100

City Washington State DC Zip Code 20005-3104

Purpose of Disbursement  
Campaign Materials

**006**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167189**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Alphagraphics**

Mailing Address 1325 G St NW  
Ste 100

City Washington State DC Zip Code 20005-3104

Purpose of Disbursement  
Campaign Materials

**006**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167190**

Amount of Each Disbursement this Period

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

**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 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167065**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167066**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167067**

Amount of Each Disbursement this Period

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

**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 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Centerplate**

Mailing Address 2187 Atlantic St

City State Zip Code  
Stamford CT 06902-6880

Purpose of Disbursement  
Fundraising Event

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167185**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City State Zip Code  
Knoxville TN 37920-6612

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167059**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City State Zip Code  
Knoxville TN 37920-6612

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167060**

Amount of Each Disbursement this Period

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

**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 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Evalon Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167061**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mastercraft**

Mailing Address 10390 Central Park Dr

City Manassas State VA Zip Code 20110-4196

Purpose of Disbursement  
Campaign Materials

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167187**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mastercraft**

Mailing Address 10390 Central Park Dr

City Manassas State VA Zip Code 20110-4196

Purpose of Disbursement  
Campaign Materials

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167188**

Amount of Each Disbursement this Period

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

**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 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167069**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167064**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. QGiv, Inc.**

Mailing Address 53 Lake Morton Dr.

City State Zip Code  
Lakeland FL 33801

Purpose of Disbursement  
Merchant Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D167062**

Amount of Each Disbursement this Period

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

**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 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Summit Group**

Mailing Address 11961 Tech Rd

City Silver Spring State MD Zip Code 20904-1936

Purpose of Disbursement  
Fundraising Merchandise

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : D167186

Amount of Each Disbursement this Period

1492.68

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 1753 Pinnacle Drive  
3rd floor

City Mc Lean State VA Zip Code 22102

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : D167070

Amount of Each Disbursement this Period

92.05

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address 1753 Pinnacle Drive  
3rd floor

City Mc Lean State VA Zip Code 22102

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : D167068

Amount of Each Disbursement this Period

106.83

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

1691.56

**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 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Wells Fargo

Mailing Address 1753 Pinnacle Drive  
3rd floor

City State Zip Code  
Mc Lean VA 22102

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D167063

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Ami Bera**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : D166561

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Ami Bera**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015

Transaction ID : D167737

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. AUSTIN SCOTT FOR CONGRESS INC**

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Austin Scott**

Office Sought:  House  
 Senate  
 President  
State: GA District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : D166574

Amount of Each Disbursement this Period

1000.00

**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"/> 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)

**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Bill Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : D165670**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Brett Guthrie**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015

**Transaction ID : D165234**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Brett Guthrie**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2015

**Transaction ID : D166254**

Amount of Each Disbursement this Period

2500.00

**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"/> 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LOEBSACK FOR CONGRESS**

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Dave Loeb sack**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : D166592

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Diana DeGette**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2015

Transaction ID : D165669

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR CONGRESS**

Mailing Address PO BOX 1295

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Doug Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

Transaction ID : D165236

Amount of Each Disbursement this Period

1000.00

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Edward Whitfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : D166594

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ENGEL FOR CONGRESS**

Mailing Address 462 CALIFORNIA ROAD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : D166593

Amount of Each Disbursement this Period

1000.00

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  
Campaign Contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : D165735

Amount of Each Disbursement this Period

2500.00

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address P.O. Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Fred Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : D165736**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BUTTERFIELD FOR CONGRESS**

Mailing Address PO BOX 2571

City State Zip Code  
WILSON NC 27894

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. G.K. Butterfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2015

**Transaction ID : D165979**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. WALDEN FOR CONGRESS**

Mailing Address PO Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Greg Walden**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2015

**Transaction ID : D166590**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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)  
**American Pharmacists 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  
Campaign Contribution

011

Candidate Name

**Rep. Gus Bilirakis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : D166562**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : D165232**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Joe Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2015

**Transaction ID : D165630**

Amount of Each Disbursement this Period

1500.00

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

3500.00

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CASTOR FOR CONGRESS**

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Kathy Castor**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2015

Transaction ID : D165977

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015

Transaction ID : D165237

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. KRISTI FOR CONGRESS**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Kristi Noem**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2015

Transaction ID : D165976

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KURT SCHRADER FOR CONGRESS**

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2015

Transaction ID : D165632

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 410 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Linda T. Sanchez**

Office Sought:  House  
 Senate  
 President  
State: CA District: 38

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015

Transaction ID : D165256

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : D166591

Amount of Each Disbursement this Period

1000.00

**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"/> 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City State Zip Code  
CHRISTIANSBURG VA 24068

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Morgan Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : D165668

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City State Zip Code  
RALEIGH NC 27624

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Renee Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

Transaction ID : D165671

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. DOLD FOR CONGRESS**

Mailing Address PO BOX 6312

City State Zip Code  
LIBERTYVILLE IL 60048

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Robert J. Dold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : D166573

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : D165737**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

**Transaction ID : D165456**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TIM MURPHY FOR CONGRESS**

Mailing Address P.O. BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Tim F. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : D166563**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Todd Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : D165978

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MARINO FOR CONGRESS**

Mailing Address PO BOX 653

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Tom Marino**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : D166002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Amy Klobuchar**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : D165734

Amount of Each Disbursement this Period

1000.00

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BEN CARDIN FOR SENATE, INC.**

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Benjamin L. Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : D166596

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Charles E. Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2015

Transaction ID : D165983

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015

Transaction ID : D165233

Amount of Each Disbursement this Period

1000.00

**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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015

**Transaction ID : D165235**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

50000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amber Briggs**

Mailing Address PO Box 2605

City Soldotna State AK Zip Code 99669-2605

Purpose of Disbursement  
Database Malfunction

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D169356**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Amber Briggs**

Mailing Address PO Box 2605

City Soldotna State AK Zip Code 99669-2605

Purpose of Disbursement  
Database Malfunction

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D169357**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Dr. Amber L. Briggs**

Mailing Address PO Box 2605  
NULL

City Soldotna State AK Zip Code 99669-2605

Purpose of Disbursement  
Database Malfunction

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D167166**

Amount of Each Disbursement this Period

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

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mrs Starlin C Haydon-Greatting</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015	
Mailing Address 3601 Melissa Drive		<b>Transaction ID : D167162</b>	
City Springfield	State IL	Zip Code 62711-9600	Amount of Each Disbursement this Period 1200.00
Purpose of Disbursement Database Malfunction		Category/ Type 010	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) <b>B. Mrs Starlin C Haydon-Greatting</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015	
Mailing Address 3601 Melissa Drive		<b>Transaction ID : D167163</b>	
City Springfield	State IL	Zip Code 62711-9600	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement Database Malfunction		Category/ Type 010	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Full Name (Last, First, Middle Initial) <b>C. Mrs Starlin C Haydon-Greatting</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015	
Mailing Address 3601 Melissa Drive		<b>Transaction ID : D167164</b>	
City Springfield	State IL	Zip Code 62711-9600	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Database Malfunction		Category/ Type 010	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		2000.00	
<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)

<input 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 checked="" 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)  
**American Pharmacists Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr Michael A. Mone**

Mailing Address 4909 Scenic Creek Dr  
NULL

City Powell State OH Zip Code 43065

Purpose of Disbursement  
Database Malfunction

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Transaction ID : D167161

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Michael Mone**

Mailing Address 4909 Scenic Creek Dr

City Powell State OH Zip Code 43065

Purpose of Disbursement  
Database Malfunction

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Transaction ID : D169360

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Michael Mone**

Mailing Address 4909 Scenic Creek Dr

City Powell State OH Zip Code 43065

Purpose of Disbursement  
Database Malfunction

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Transaction ID : D169362

Amount of Each Disbursement this Period

600.00

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

2000.00

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

4500.00