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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)
American Society of Health System Pharmacist - PAC

A. Full Name (Last, First, Middle Initial)
BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City: TARPON SPRINGS | State: FL | Zip Code: 34688

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: FL District: 12

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C C00408534

Transaction ID : SB23.12261

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MARSHA FOR SENATE

Mailing Address PO BOX 3750

City: BRENTWOOD | State: TN | Zip Code: 37024

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☒ Senate ☐ President

State: TN District: 00

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C C00376939

Transaction ID : SB23.12262

Amount of Each Disbursement this Period: 2000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City: SACRAMENTO | State: CA | Zip Code: 95841

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President

State: CA District: 05

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C C00326363

Transaction ID : SB23.12264

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 4000.00