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COMMISSION
SECRETARIAT

JUL 18 5 08 PM '94

American Pharmaceutical Association—Political Action Committee • 2215 Constitution Avenue, NW • Washington, DC 20037-2985 • (202) 628-4410

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Director of
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July 14, 1994

N. Bradley Litchfield
Associate General Counsel
Office of General Counsel
Federal Election Commission
999 E Street, NW
Washington, DC 20463

RE: AOR 1994-21

Dear Mr. Litchfield:

In accordance with my July 13, 1994 telephone conversation with Jonathan Levin of your staff, the American Pharmaceutical Association-Political Action Committee (APhA-PAC) submits the following as supplemental material to our Advisory Opinion Request (AOR) 1994-21.

The Commission has raised a question regarding APhA-PAC's ability to delete a suggested dollar amount (specifically, \$25) from a dues renewal invoice solicitation, while not being able to delete the solicitation all together from invoices received by APhA's unsolicitable members. As it is stated in the original AOR, the number of unsolicitable members numbers 1,000 out of 30,000. All 30,000 members currently receive the same standard invoice form which includes preprinted information. The blanks are then filled in by a computer program with specific information/dollar amounts relating to the individual receiving the invoice. These blanks relate to the type of member, the official Association journal chosen and method of payment, as well as space for the members name and address, the date, member identification number, etc. The blanks are filled with information retrieved from an individual's member record. Because the 1,000 unsolicitable members pay the same amount in dues and receive the same benefits (except for voting for the highest governing office) as our solicitable members, it is easier, more convenient and most of all, more cost efficient for the Association to use the same invoice form for all 30,000. Obviously, it is easier to change a computer program because it is individual specific than it is to utilize different forms for only a small percentage of out members. A copy of the proposed form is enclosed to help illustrate our position. I have also enclosed copies

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COUNSEL

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Supplement To
AOR 1994-21

of the form as it would look for a solicitable member and an unsolicitable member.

I hope this answers the concerns raised by the Commission. If I may be of any further assistance, please do not hesitate to contact me at 202/429-7533.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "William M. Hermelin". The signature is fluid and cursive, with a long horizontal stroke at the end.

William M. Hermelin
Assistant Treasurer, APhA-PAC

PROPOSED DUES RENEWAL INVOICE - BLANK



**American
Pharmaceutical
Association**

American Pharmaceutical Association
c/o First Union Bank
P.O. Box 85080
Richmond, VA 23285-4003
202-628-4410 • FAX: 202-638-3783
800-237-APHA

**MEMBERSHIP
INVOICE**

APHA

THE MISSION OF PHARMACY IS TO SERVE SOCIETY AS THE PROFESSION RESPONSIBLE FOR THE APPROPRIATE
USE OF MEDICATIONS, DEVICES AND SERVICES TO ACHIEVE OPTIMAL THERAPEUTIC OUTCOMES.

DATE	MEMBER ID NUMBER	RENEWAL PERIOD	INVOICE NO.

If payment has been
submitted within the
last three weeks, please
disregard this notice.

\$50 of membership dues applies toward a subscription to one journal. Contributions or gifts to APHA, and/or APHA-PAC, are not deductible as charitable contributions for federal tax purposes. However, dues may be deductible by members as ordinary and necessary business expenses.

MEMBERSHIP DUES

\$ _____

OPTIONAL CONTRIBUTIONS

Contributions to APHA-PAC are optional and are not a requirement of APHA membership. Contributions between \$50 and \$200 must be accompanied by name and address; contributions in excess of \$200 appropriate in a calendar year must be reported with name, mailing address, occupation and name of employer. Federal election law prohibits APHA-PAC from soliciting contributions from persons outside the restricted class (APHA active members). Any contributions received from outside the restricted class will be returned.

\$ _____

JOURNALS

(If you wish to receive both journals add an additional \$30; \$100 for international members)

- American Pharmacy
- Journal of Pharmaceutical Sciences
- Both Journals

\$ _____

METHOD OF PAYMENT (U.S. Currency Only)

(Check appropriate boxes)

- Check/Money Order-Made payable to APHA
- MasterCard
- American Express
- VISA

SUBTOTAL ▶ \$ _____

TOTAL PAYMENT ▶ \$ _____

Amount of Charge \$ _____

Credit Card Number _____

Expiration Date _____

Card Holders' Signature _____

PLEASE INDICATE NAME AND/OR ADDRESS CHANGES

Fold Here

Fold Here



American Pharmaceutical Association

American Pharmaceutical Association
 900 First Union Bank
 P.O. Box 85080
 Richmond, VA 23285-4003
 202-628-4410 · FAX: 202-636-3783
 800-237-APHA

MEMBERSHIP INVOICE

THE MISSION OF PHARMACY IS TO SERVE SOCIETY AS THE PROFESSION RESPONSIBLE FOR THE APPROPRIATE USE OF MEDICATIONS, DEVICES AND SERVICES TO ACHIEVE OPTIMAL THERAPEUTIC OUTCOMES.

DATE	MEMBER ID NUMBER	RENEWAL PERIOD	INVOICE NO.
07/14/94	123456	08/01/94 - 07/31/95	99999

\$50 of membership dues applies toward a subscription to one journal. Contributions or gifts to APHA, and/or APHA-PAC, are not deductible as charitable contributions for federal tax purposes. However, dues may be deductible by members as ordinary and necessary business expenses.

MEMBERSHIP DUES

APHA Active Member

\$ 150.00

OPTIONAL CONTRIBUTIONS

APHA Political Action Committee

\$ 25.00

Contributions to APHA-PAC are optional and are not a requirement of APHA membership. Contributions between \$50 and \$200 must be accompanied by name and address; contributions in excess of \$200 appropriate in a calendar year must be reported with name, mailing address, occupation and name of employer. Federal election law prohibits APHA-PAC from soliciting contributions from persons outside the restricted class (APHA active members). Any contributions received from outside the restricted class will be returned.

JOURNALS

(If you wish to receive both journals add an additional \$30; \$100 for international members)

American Pharmacy

Journal of Pharmaceutical Sciences

Both Journals

\$ 0.00

METHOD OF PAYMENT (U.S. Currency Only)

(Check appropriate boxes)

Check/Money Order-Made payable to APHA

MasterCard

VISA

American Express

TOTAL PAYMENT ▶ 185.00

SUBTOTAL ▶ \$

John Smith, Pharmacists
 123 Main Street
 Washington, DC 20037

Amount of Charge \$

Card Number

Card Holders' Signature

Expiration Date

PLEASE INDICATE NAME AND/OR ADDRESS CHANGES

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PROPOSED DUES RENEWAL INVOICE - UNSOLICITABLE MEMBER

90. APHA.FDB



American Pharmaceutical Association

American Pharmaceutical Association
c/o First Union Bank
P.O. Box 85080
Richmond, VA 23285-4003
202-628-4410 • FAX: 202-639-3783
800-237-APHA

MEMBERSHIP INVOICE

THE MISSION OF PHARMACY IS TO SERVE SOCIETY AS THE PROFESSION RESPONSIBLE FOR THE APPROPRIATE USE OF MEDICATIONS, DEVICES AND SERVICES TO ACHIEVE OPTIMAL THERAPEUTIC OUTCOMES.

DATE	MEMBER ID NUMBER	RENEWAL PERIOD	INVOICE NO.
07/14/94	123456	08/01/94 - 07/31/95	9999

\$50 of membership dues applies toward a subscription to our journal. Contributions of gifts to APHA, under APHA-PAC, are not deductible as charitable contributions for federal tax purposes. However, dues may be deductible by members as ordinary and necessary business expenses.

If payment has been submitted within the last three weeks, please disregard this notice.

MEMBERSHIP DUES

Alpha Associate Member

\$ 150.00

OPTIONAL CONTRIBUTIONS

Alpha Political Action Committee

Contributions to APHA-PAC are optional and are not a requirement of APHA membership. Contributions between \$50 and \$200 must be accompanied by name and address; contributions in excess of \$200 require in a calendar year must be reported with name, mailing address, occupation and name of employer. Federal election law prohibits APHA-PAC from soliciting contributions from persons outside the restricted class (APHA active members). Any contributions received from outside the restricted class will be returned.

\$ 0.00

JOURNALS

(If you wish to receive both journals add an additional \$30; \$100 for international members)

American Pharmacy

Journal of Pharmaceutical Sciences

Both Journals

\$ 0.00

METHOD OF PAYMENT (U.S. Currency Only)

(Check appropriate boxes)

Check/Money Order-Made payable to APHA

MasterCard

VISA

American Express

TOTAL PAYMENT

150.00

SUBTOTAL

\$

John Smith
123 Main Street
Washington, DC 20037

Amount of Charge \$

Credit Card Number

Expiration Date

Card Holders' Signature

PLEASE INDICATE NAME AND/OR ADDRESS CHANGES

APHA-011 (6/94)

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Fold Here



FAX!

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JUL 20 4 29 PM '94

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OFFICE OF GENERAL
COUNSEL

Supplement To
AOR 1994-21

American
Pharmaceutical
Association

Date: July 21, 1994

The National
Professional
Society of
Pharmacists

To: Jonathan Levin
fax # 202/219-3923

From: Lisa Huger
phone # 202/429-7535

Fax # 202•783•2351
Tel. # 202•628•4410

Number of pages including cover: 3

Notes: The corrected invoice form
samples follow.

Please give me or Bill a call
if there are any further
questions.

Thank you.

PROPOSED DUES RENEWAL INVOICE - SOLICITABLE MEMBER

80 APHA-F08



American Pharmaceutical Association

American Pharmaceutical Association
c/o First Union Bank
P.O. Box 85080
Richmond, VA 23285-4003
202-628-4410 • FAX: 202-638-3783
800-237-APHA

MEMBERSHIP INVOICE

DATE	MEMBER ID NUMBER	RENEWAL PERIOD	INVOICE NO.
07/14/94	123456	08/01/94-07/31/95	99999

THE ASSOCIATION OF PHARMACISTS TO SERVE SOCIETY AS THE PROFESSION RESPONSIBLE FOR THE IMPROVEMENT OF MEDICAL PRACTICE, DEVICES AND SERVICES TO ACHIEVE OPTIMAL THERAPEUTIC OUTCOMES.

APHA is not a charitable organization. Contributions to APHA are not deductible for federal income tax purposes. However, donations to APHA are deductible for federal income tax purposes if you are a member of APHA. If you are not a member, please contact your tax advisor for more information.

Alpha Active Member

\$ 150.00

OPTIONAL CONTRIBUTIONS

APHA Political Action Committee \$ 25.00

American Pharmacy Journal of Pharmaceutical Sciences Both Journals \$ 0.00

METHOD OF PAYMENT (U.S. Currency Only) (Check appropriate boxes)

Check/Money Order-Made payable to APHA

MasterCard American Express

VISA

Amount of Charge \$ _____

TOTAL PAYMENT ▶ **175.00**

SUBTOTAL ▶ \$ _____

John Smith, Pharmacist
123 Main Street
Washington, DC 20037

Card Number _____

Expiration Date _____

Card Holder's Signature _____

PLEASE INDICATE NAME AND/OR ADDRESS CHANGES

APHA-011 (8/94)

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Fold Here

