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### Contact Information

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MEDICINES  
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### Reported Compensation

| Date                      | Type | Value | Paid To |
|---------------------------|------|-------|---------|
| No Compensation reported. |      |       |         |

### Reported Expenditures

| Date                      | Amount | Beneficiary | Paid To | Reason | On Behalf Of |
|---------------------------|--------|-------------|---------|--------|--------------|
| No Expenditures reported. |        |             |         |        |              |

### Reported Contributions

| Date                       | Amount | Paid To | Beneficiary | Office | Contribution Type |
|----------------------------|--------|---------|-------------|--------|-------------------|
| No Contributions reported. |        |         |             |        |                   |

### Reported Anything of Value

| Date                           | Type | Value | Paid To | Beneficiary | Office | Location |
|--------------------------------|------|-------|---------|-------------|--------|----------|
| No Anything Of Value reported. |      |       |         |             |        |          |

### Reported Subjects

Prescription drugs

on behalf of ASSOCIATION FOR ACCESSIBLE MEDICINES

### Reported Bills

No bills reported.

## **Reported Public Bodies**

No public bodies reported.

## **Reported Executive Officials**

No executive officials reported.