

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Community Pharmacists Association - PAC

ADDRESS (number and street) 100 Daingerfield Road
 Check if different than previously reported. (ACC)
Alexandria VA 22314-2885

2. **FEC IDENTIFICATION NUMBER** C00030809
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 Quarterly 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 (12G)
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 02 01 2007 through 02 28 2007

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. Charles B. Sewell

Signature of Treasurer Electronically Filed by Mr. Charles B. Sewell Date 03 20 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		445542.95
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	446175.63									
(c) Total Receipts (from Line 19)	42742.05	71498.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	488917.68	517041.44								
7. Total Disbursements (from Line 31)	29922.25	58046.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	458995.43	458995.43								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Community Pharmacists Association - PAC

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)	10025.00	20100.00
(ii) Unitemized	32536.00	51012.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42561.00	71112.00
(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)	42561.00	71112.00
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.)	181.05	386.49
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 Transfer (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))	42742.05	71498.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42742.05	71498.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	922.25	2546.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	922.25	2546.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	55500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	29922.25	58046.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29922.25	58046.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

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)	42561.00	71112.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42561.00	71112.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	922.25	2546.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	922.25	2546.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gary Angelo

Mailing Address 1824 Hooper Ave

City State Zip Code
Toms River NJ 08753

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

Name of Employer Occupation
Silverton Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: SA11AI.18285

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Timothy Bishop

Mailing Address 8180 Alabama Hwy. 69

City State Zip Code
Guntersville AL 35976

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

Name of Employer Occupation
Bishop's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: SA11AI.18352

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. John Carson

Mailing Address 7220 Louis Pasteur

City State Zip Code
San Antonio TX 78229

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

Name of Employer Occupation
Oakdell Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11AI.18625

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 7 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Mr. Charles Cottrell

Mailing Address 1121 Belleville Ave #A

City State Zip Code
Brewton AL 36426

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

Name of Employer Medical Center Pharmacy Occupation Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	7

Transaction ID: SA11AI.18630

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ms Vicky Echevarria

Mailing Address 400 Palm Avenue

City State Zip Code
Hialeah FL 33010

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

Name of Employer Palm Avenue Pharmacy Occupation Pharmacist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	7

Transaction ID: SA11AI.18293

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms Vicky Echevarria

Mailing Address 400 Palm Avenue

City State Zip Code
Hialeah FL 33010

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

Name of Employer Palm Avenue Pharmacy Occupation Pharmacist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	7

Transaction ID: SA11AI.18449

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 8 / 29
(check only one)

<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)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Mr. Bryan Gobin

Mailing Address 6 Sandy Bottom Road

City State Zip Code
Carlisle PA 17013

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

Name of Employer Occupation
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: SA11AI.18289

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert E. Graul

Mailing Address Box 1188

City State Zip Code
Rancho Santa Fe CA 92067

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

Name of Employer Occupation
Rancho Santa Fe Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11AI.18620

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert Greenwood

Mailing Address 224 Byron

City State Zip Code
Waterloo IA 50701

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

Name of Employer Occupation
Greenwood Drug Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11AI.18628

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 9 / 29
(check only one)

<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)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Donald Hare

Mailing Address PO Box 272

City State Zip Code
Canal Fulton OH 44614

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

Name of Employer Occupation
Heritage Square Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: SA11AI.18284

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Keith Hodges

Mailing Address PO Box 9

City State Zip Code
Gloucester VA 23061

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

Name of Employer Occupation
Gloucester Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11AI.18624

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Hooper

Mailing Address P.O. Box 817

City State Zip Code
Phoenix OR 97535

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

Name of Employer Occupation
Phoenix Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: SA11AI.18282

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1150.00**

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 / 29
	<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)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Mr. David Humphries		Date of Receipt
	Mailing Address 316 Delaware Springs		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 6 / 2 0 0 7
	City	State	Zip Code
	Burnet	TX	78611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.18631
Name of Employer Lake Area Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph Lech		Date of Receipt
	Mailing Address 13 Rockledge Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 0 7
	City	State	Zip Code
	Tunkhannock	PA	18657
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.18355
Name of Employer Lech's Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Tom Liautaud		Date of Receipt
	Mailing Address 6056 Alcove Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 6 / 2 0 0 7
	City	State	Zip Code
	North Hollywood	CA	91606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.18618
Name of Employer California Medical Pharmacy		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 29
(check only one)

<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)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Kenneth Long

Mailing Address 413 West Hill Street

City Thomson State GA Zip Code 30824

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

Name of Employer Moye Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2007

Transaction ID: SA11AI.18356

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms Lynn Massey

Mailing Address 306 E Jefferson Street

City Quincy State FL Zip Code 32351

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

Name of Employer Medical Center Pharmacy & Comp Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2007

Transaction ID: SA11AI.18294

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kerry Milano

Mailing Address 3634 W. Esplanade Avenue

City Metairie State LA Zip Code 70002

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

Name of Employer Chateau Drugs Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2007

Transaction ID: SA11AI.18351

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Nicklas

Mailing Address 1442 N. Harrison

City State Zip Code
Shawnee OK 74801

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

Name of Employer Occupation
Harrison Discount Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: SA11AI.18281

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Stanley Nusbaum

Mailing Address 7126 Saratoga Lane

City State Zip Code
Chattanooga TN 37421

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

Name of Employer Occupation
S & J Discount Drugs Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: SA11AI.18286

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Gerard O'Hare

Mailing Address 66 W. Pike

City State Zip Code
Canonsburg PA 15317

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

Name of Employer Occupation
Jeffrey's Drug Store Phramacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11AI.18622

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Ms Lori Plummer

Mailing Address 1536 Gluck Run Road

City State Zip Code
Glenville WV 26351

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

Name of Employer Occupation
Gil Co Faith Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.18292

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Venson Powers

Mailing Address 3985 Meeting Street

City State Zip Code
Loris SC 29569

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

Name of Employer Occupation
The Medicine Shoppe Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.18357

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dennis Pricing

Mailing Address 333 S Michigan Ave

City State Zip Code
Saginaw MI 48602

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

Name of Employer Occupation
Pricing's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.18633

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 14 / 29
(check only one)

<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)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. James ReGinelli

Mailing Address 7624 Castor Avenue

City Philadelphia State PA Zip Code 19152

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

Name of Employer Nisenholtz Pharmacy Inc Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2007

Transaction ID: SA11AI.18280

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Sal Saraniti

Mailing Address 2817 E Oakland Park Blvd

City Fort Lauderdale State FL Zip Code 33306

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

Name of Employer Commcare Pharmacy Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: SA11AI.18353

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Mr. Lawrence Shanley

Mailing Address P.O. Box 86

City Peru State NY Zip Code 12972

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

Name of Employer Peru Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: SA11AI.18349

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 15 / 29
(check only one)

<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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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)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Lawrence Shanley

Mailing Address P.O. Box 86

City State Zip Code
Peru NY 12972

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

Name of Employer Occupation
Peru Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11AI.18549

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gerald Shapiro

Mailing Address 3435 Wilshire Blvd., #150

City State Zip Code
Los Angeles CA 90010

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

Name of Employer Occupation
Uptown Drug & Gift Shop Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11AI.18632

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Mr. Darrin Silbaugh

Mailing Address 2645 N 3rd Street

City State Zip Code
Harrisburg PA 17110-2001

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

Name of Employer Occupation
Harrisburg Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: SA11AI.18324

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Mr. Darrin Silbaugh
Mailing Address 2645 N 3rd Street
City Harrisburg State PA Zip Code 17110-2001
FEC ID number of contributing federal political committee. **C**
Name of Employer Harrisburg Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 26 / 2007
Transaction ID: SA11AI.18515
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Ms. Kelly Soekarmoen
Mailing Address 512 Phoenix Street
City South Haven State MI Zip Code 49090
FEC ID number of contributing federal political committee. **C**
Name of Employer MacDonald Drug Store Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 26 / 2007
Transaction ID: SA11AI.18623
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Mr. Daryl Spence
Mailing Address 4821 River Oaks Blvd.
City Ft. Worth State TX Zip Code 76114
FEC ID number of contributing federal political committee. **C**
Name of Employer Spence Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 26 / 2007
Transaction ID: SA11AI.18626
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00
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 17 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Mr. Rick Stradtner

Mailing Address 1111 W. 13th Street

City Jasper State IN Zip Code 47546

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

Name of Employer Flick Drugs Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 26 / 2007
Transaction ID: SA11AI.18634
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Taiber

Mailing Address 110 10th Street, SW
PO Box 785

City Waverly State IA Zip Code 50677

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

Name of Employer Meyer Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 23 / 2007
Transaction ID: SA11AI.18388
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Mr. Lonny Wilson

Mailing Address 45 NE 52nd Street

City Oklahoma City State OK Zip Code 73130

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

Name of Employer Pharmacy Providers of OK Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 26 / 2007
Transaction ID: SA11AI.18629
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 / 29
(check only one)

<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)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Jeff Young

Mailing Address 900 Pine Street #211

City	State	Zip Code
Englewood	FL	34223

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

Name of Employer Englewood Pharmacy	Occupation Pharmacist
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	7

Transaction ID: SA11AI.18354

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	10025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 29	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
	Mailing Address 1414 Prince Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="386.49"/>	Transaction ID: SA17.18636
			Amount of Each Receipt this Period <input type="text" value="181.05"/>
			Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="181.05"/>
TOTAL This Period (last page this line number only)	<input type="text" value="181.05"/>

**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)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.18639
	Mailing Address American Expressway	Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
	City Ft. Lauderdale	State FL
	Zip Code 33337	Amount of Each Disbursement this Period 313.95
	Purpose of Disbursement Credit Card Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) EFS National Bank	Transaction ID: SB21B.18638
	Mailing Address PO Box 30668	Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
	City Memphis	State TN
	Zip Code 38130	Amount of Each Disbursement this Period 608.30
	Purpose of Disbursement Credit Card Fees/overstated fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	922.25
TOTAL This Period (last page this line number only)	922.25

**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

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)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMITTEE Mailing Address PO Box 1242 City Tucson State AZ Zip Code 85702 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.18652 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00

B. Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 28001 PO BOX 28001 City RALEIGH State NC Zip Code 27611 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.18650 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00

C. Full Name (Last, First, Middle Initial) BOOZMAN FOR CONGRESS Mailing Address PO BOX 671 City ROGERS State AR Zip Code 72757 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 03	Transaction ID: SB23.18648 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
	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) ▶	(Empty box)

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)
National Community Pharmacists Association - PAC

A. BRAD MILLER FOR UNITED STATES CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.18664

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

B. COBLE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1177
PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.18659

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

C. COLEMAN FOR SENATE 08

Full Name (Last, First, Middle Initial)

Mailing Address 680 Transfer Road Ste A

City ST PAUL MN State MN Zip Code 55114

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.18656

Date of Disbursement

02 / 27 / 2007

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)

PAGE 23 / 29

<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)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Transaction ID: SB23.18647
	Mailing Address PO Box 5843	Date of Disbursement 02 / 07 / 2007
	City Austin State TX Zip Code 78763	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.18661
	Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37	Date of Disbursement 02 / 27 / 2007
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: SB23.18649
	Mailing Address 2141 B West Broad St	Date of Disbursement 02 / 07 / 2007
	City Athens State GA Zip Code 30606	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 24 / 29

<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)
National Community Pharmacists Association - PAC

<p>A. Full Name (Last, First, Middle Initial) GOODE FOR CONGRESS</p> <p>Mailing Address 115 ORCHARD AVENUE</p> <p>City ROCKY MOUNT State VA Zip Code 24151</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.18678 Date of Disbursement 02 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JO ANN DAVIS FOR CONGRESS INC.</p> <p>Mailing Address PO Box 1834</p> <p>City Yorktown State VA Zip Code 23692</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.18646 Date of Disbursement 02 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LINCOLN DAVIS FOR CONGRESS</p> <p>Mailing Address PO Box 350</p> <p>City Jamestown State TN Zip Code 38556</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.18673 Date of Disbursement 02 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

PAGE 26 / 29

<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)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City LONG BRANCH State NJ Zip Code 07740 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.18641 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) PETERSON FOR CONGRESS Mailing Address 26192 Floyd Lake Point Road City Detroit Lakes State MN Zip Code 56501 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.18675 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE Mailing Address P.O. Box 8331 City Fremont State CA Zip Code 94537 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.18655 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00

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)

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<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)
National Community Pharmacists Association - PAC

A. PRICE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Contribution Returned

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.18680

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

-1000.00

B. REYES COMMITTEE, INC., THE

Full Name (Last, First, Middle Initial)

Mailing Address 1011 Montana Ave.

City El Paso State TX Zip Code 79901

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 16

Transaction ID: SB23.18651

Date of Disbursement

02 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

C. ROBERT WEXLER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 810669

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 19

Transaction ID: SB23.18676

Date of Disbursement

02 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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)

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<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)
National Community Pharmacists Association - PAC

<p>A. Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO BOX 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.18670 Date of Disbursement 02 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) TERRY EVERETT FOR CONGRESS</p> <p>Mailing Address P.O. Box 1828</p> <p>City Dothan State AL Zip Code 36302</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.18667 Date of Disbursement 02 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS</p> <p>Mailing Address P.O. Box 1100</p> <p>City Clemmons State NC Zip Code 27012</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.18645 Date of Disbursement 02 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

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<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)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
WALTER JONES COMMITTEE

Mailing Address PO BOX 99667

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: NC District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.18643

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

29000.00