

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Community Pharmacists Association - PAC

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="2018"/>		157091.19
(b) Cash on Hand at Beginning of Reporting Period.....	123886.31	
(c) Total Receipts (from Line 19)	21384.82	313948.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	145271.13	471039.62
7. Total Disbursements (from Line 31).....	87791.58	413560.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57479.55	57479.55
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

DETAILED SUMMARY PAGE
of Receipts

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).....	21184.82	239664.43
(ii) Unitemized	200.00	54784.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21384.82	294448.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	21384.82	306448.43
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	7500.00
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)).....▶	21384.82	313948.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21384.82	313948.43

DETAILED SUMMARY PAGE
of Disbursements

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	791.58	9061.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	791.58	9061.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87000.00	401000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1000.00
(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	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2499.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	87791.58	413560.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87791.58	413560.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	21384.82	306448.43
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21384.82	305448.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	791.58	9061.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	791.58	9061.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 84
	(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)
National Community Pharmacists Association - PAC

A. Adams, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Frisco Ave
 City Clinton State OK Zip Code 73601-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salisbury Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-1
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Alami, Selma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 E State Highway 152
 City Mustang State OK Zip Code 73064-4406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mustang Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-2
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Albert, Stephen, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 20181010574-4
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
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 7 OF 84
<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. Albert, Stephen, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 20181010574-3
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Alvarado, Christopher, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11835 Violet Cv
 City San Antonio State TX Zip Code 78253-6283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakdell Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-5
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Amato, Stephen, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 938 Patricia Ave
 City Dunedin State FL Zip Code 34698-6023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Shoppe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-6
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	142.00
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 84
<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. Anthony, Calvin, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1002 S Redlands Rd
 City Stillwater State OK Zip Code 74074-1069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tiger Drug Company Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018101010574-7
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Arthur, Bradley, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Tonawanda St
 City Buffalo State NY Zip Code 14207-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Rock Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018101010574-8
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. Arthur, Donald, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 Brighton Rd
 City Tonawanda State NY Zip Code 14150-8113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brighton Eggert Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018101010574-9
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 9 OF 84
<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. Baker, Timothy, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 Narragansett Ave
 City Jamestown State RI Zip Code 02835-1138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bakers Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018101010574-10
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Bazemore, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 546 / 10 N Poplar St
 City Butler State GA Zip Code 31006-0546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Smiths Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018101010574-11
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Belcher, Michele, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 414 SW 6th St GRANTS PASS PHARMACY
 City Grants Pass State OR Zip Code 97526-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grants Pass Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018101010574-12
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 84
<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. Berry, Byron, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 N Main St
 City Carrollton State IL Zip Code 62016-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Plus, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018101010574-13
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Berryman, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S West St
 City Alexandria State VA Zip Code 22314-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Executive Vice President, Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1494.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018101010574-14
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Berryman, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S West St
 City Alexandria State VA Zip Code 22314-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Executive Vice President, Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1494.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018101010574-15
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.00
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 11 OF 84
<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. Bhakta, Nilesh, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23811 Hawthorne Blvd
 City Torrance State CA Zip Code 90505-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Remedy Pharm Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-16
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Blackburn, John Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Business Park Cir
 City Stoughton State WI Zip Code 53589-3392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compliant Pharmacy Alliance Cooperativ Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-18
 Amount of Each Receipt this Period 416.66
 Memo Item

C. Blaire, Michael, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10921 N 140th Way
 City Scottsdale State AZ Zip Code 85259-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diamondback Drugs Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-19
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.66
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 84
	<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. Blansett, Ralph, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2006 S Pine St
 Ste F
 City Cabot State AR Zip Code 72023-8179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cabot Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-20
 Amount of Each Receipt this Period
 90.00
 Memo Item

B. Boone, Richard, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 480999
 City Linden State AL Zip Code 36748-0999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Little Drug Company Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-21
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Borer, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Chestnut St
 City Atlantic State IA Zip Code 50022-1249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rex Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-22
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 84
	<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)
National Community Pharmacists Association - PAC

A. Bradshaw, Bianca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Walnut St
 City Red Bluff State CA Zip Code 96080-3319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elmore Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-23
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Brennan, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 24389
 50 Jet View Dr /
 City Rochester State NY Zip Code 14624-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester Drug Cooperative, Inc. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-24
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. Brodsky, Mel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 Michener St
 Ste 10
 City Philadelphia State PA Zip Code 19115-4374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Philadelphia Association of Retail Dru Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-25
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
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 14 OF 84
<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. Budde, Anthony, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Memorial Ct
 City Highland State IL Zip Code 62249-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-26
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Byron, Francis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1348 W Girard Ave # 50
 City Philadelphia State PA Zip Code 19123-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Girard Ave Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-27
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Callahan, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Broadway St Ste A
 City Elsberry State MO Zip Code 63343-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Elsberry Pharmacy, Medicine Shoppe 202 Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-28
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 84
	<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. Campbell, Ralph, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Five Points Rd
 City Ducktown State TN Zip Code 37326-0039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kimsey Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-29
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Cantalino, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 Woodland Dr
 City Brightwaters State NY Zip Code 11718-1920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glen Cove Chemists Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-30
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Carson, J. Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7220 Louis Pasteur Dr Ste 176
 City San Antonio State TX Zip Code 78229-4535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakdell Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3749.85

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-31
 Amount of Each Receipt this Period 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.65
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 84
	(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

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

A. Carter, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 308

City Chetopa	State KS	Zip Code 67336-0308
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Riggs Drugs Store	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-32

Amount of Each Receipt this Period
100.00

Memo Item

B. Carter, Jason, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5932 Lovell Ave

City Fort Worth	State TX	Zip Code 76107-5030
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Best Value Ridglea Drug	Occupation (for Individual) Systems Administrator
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-33

Amount of Each Receipt this Period
50.00

Memo Item

C. Casey, Kevin, Christopher, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 81 Main St

City Batavia	State NY	Zip Code 14020-2149
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Alberty Drugs	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-34

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 84
<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. Caswell, Brian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Military Ave
 City Baxter Springs State KS Zip Code 66713-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolkar Drug Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.20

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-35
 Amount of Each Receipt this Period 416.65
 Memo Item

B. Catalano, Charles, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Ardmore Ave
 City Melville State NY Zip Code 11747-4313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C+ S Pharmacy Consultants Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-36
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Chancy, Hugh, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 E Main St
 City Hahira State GA Zip Code 31632-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chancy Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3333.20

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-37
 Amount of Each Receipt this Period 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	883.30
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 18 OF 84
<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. Cioli, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027A Morris Park Ave
 City Bronx State NY Zip Code 10461-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J And C Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018101010574-38
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cippel, David, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 151
 City Ford City State PA Zip Code 16226-0151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Klingensmith's Drug Store Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018101010574-39
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Coble, Van, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 E 14th Ave
 City Winfield State KS Zip Code 67156-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3C Health Concepts, LLC Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018101010574-40
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 19 OF 84
<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. Cohen, Alan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 Broadway
 City Monticello State NY Zip Code 12701-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Family Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-41
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Collier, Mel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1085
 City Fayetteville State AR Zip Code 72702-1085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Collier Drug- Dickson #1 Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-42
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Cook, Royce, G., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Junction Hwy
 City Kerrville State TX Zip Code 78028-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kerrville Drug Company Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-43
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 84
	<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. Coomes, Steve, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 S Highway 377

City Aubrey	State TX	Zip Code 76227-5534
----------------	-------------	------------------------

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

Name of Employer (for Individual) Aubrey Pharmacy	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-44

Amount of Each Receipt this Period
100.00

Memo Item

B. Cory, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 246 E Main St

City Fall River	State MA	Zip Code 02724-3232
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Standard Pharmacy	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-45

Amount of Each Receipt this Period
100.00

Memo Item

C. Cottrell, Charles, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1121 Belleville Ave
Ste A

City Brewton	State AL	Zip Code 36426-1502
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Center Pharmacy	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3749.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-46

Amount of Each Receipt this Period
416.65

Memo Item

SUBTOTAL of Receipts This Page (optional).....	616.65
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 21 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Courtney, Diana, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-47
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Covello, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 Main St
 City Lawrenceville State NJ Zip Code 08648-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Pharmacy Cooperative Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-48
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Cox, Lee Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 NW Sheridan Rd
 City Lawton State OK Zip Code 73505-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawton Heritage Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-49
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
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 22 OF 84
	(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

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

A. Cunningham, David, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 Mill St
 City Bristol State PA Zip Code 19007-4813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mill Street Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-50
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Cushey, Erich, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Main St
 City Claysville State PA Zip Code 15323-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Curtis Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-51
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Dang, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 687 9th Ave
 City New York State NY Zip Code 10036-3630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Esco Drug Co. Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-52
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
National Community Pharmacists Association - PAC

A. Darby, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E Three Notch St
 Ste A
 City Andalusia State AL Zip Code 36420-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Darby's Village Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018101010574-53
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Davis, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1402 Pershing Hwy
 City Smackover State AR Zip Code 71762-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Smackover Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018101010574-54
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Deleon, Johnette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1139
 City Taylor State TX Zip Code 76574-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pfennigs Prescription Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018101010574-55
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 24 OF 84
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dicello, Carmen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1819 Mahantongo St
 City Pottsville State PA Zip Code 17901-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Towne Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-56
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dimaggio, John, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5208 Veterans Memorial Blvd
 City Metairie State LA Zip Code 70006-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patio Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-57
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dixon, Al, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1060
 City Richmond Hill State GA Zip Code 31324-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richmond Hill Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-58
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 25 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Dugger, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Hobbs Hwy
 City Seminole State TX Zip Code 79360-3401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswalt Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-59
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Ennis, Arthur, Boyd, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Montevallo Ln
 City Mountain Brk State AL Zip Code 35213-4406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Payless Drug Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2916.62

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-60
 Amount of Each Receipt this Period
 416.66
 Memo Item

C. Epley, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Avery Ave
 City Morganton State NC Zip Code 28655-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Jones Health Mart Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-61
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	591.66
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 26 OF 84
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Fancher, Justin, Kyle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2445 Northwest Loop
 Ste A
 City Stephenville State TX Zip Code 76401-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tanglewood Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-62
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Farrell, Michelle, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1028 Wisconsin Ave
 City Boscobel State WI Zip Code 53805-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boscobel Pharmacy Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-63
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Frahm, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 337 Church St
 City Ottumwa State IA Zip Code 52501-4212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Side Drug Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-65
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 27 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Frankil, Robert, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Miner Cir
 City Collegeville State PA Zip Code 19426-2437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sellersville Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-66
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Freeman, Ira, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12660 Riverside Dr Ste 100
 City Valley Village State CA Zip Code 91607-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Key Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-67
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Futrell, William, R., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 768
 City Jackson State NC Zip Code 27845-0768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Futrell Pharmacy Services Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-68
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 28 OF 84
<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. Galehouse, Leon, , , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 849

City Cedar Falls	State IA	Zip Code 50613-0040
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Amicare Pharmacy Inc	Occupation (for Individual) Owner/Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 2018101010574-69

Amount of Each Receipt this Period
30.00

Memo Item

B. Gallegos, Tim, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 S Transit St

City Lockport	State NY	Zip Code 14094-4848
------------------	-------------	------------------------

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

Name of Employer (for Individual) Medicine Shoppe 1661	Occupation (for Individual) Pharmacist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 2018101010574-70

Amount of Each Receipt this Period
50.00

Memo Item

C. Garvin, Cheryl, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Catocin Cir SE
Ste C

City Leesburg	State VA	Zip Code 20175-3632
------------------	-------------	------------------------

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

Name of Employer (for Individual) The Compounding Center	Occupation (for Individual) President/CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 2018101010574-71

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 29 OF 84
	<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. Gellis, Russell, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 BRdway At 78th St
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Apthorp Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-72
 Amount of Each Receipt this Period 100.00
 Memo Item

B. George, David, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 Bradford Pl
 City Blanchard State OK Zip Code 73010-8216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Care Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-73
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gibson, Aaron, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 Hospital Dr
 City Andrews State TX Zip Code 79714-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prescription Shop Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-74
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 30 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Giroux, Stephen, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 188
 City Middleport State NY Zip Code 14105-0188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middleport Family Health Center Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-75
 Amount of Each Receipt this Period
 416.65
 Memo Item

B. Giroux, Zachary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 Division St Rachel Giroux
 City North Tonawanda State NY Zip Code 14120-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wurlitzer Family Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-76
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Gowen, Blake, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1207 Medical Dr SE
 City Decatur State AL Zip Code 35601-4330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sand Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-77
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	566.65
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 31 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Graf, Eric, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1065 Medina Rd
 Ste 300
 City Medina State OH Zip Code 44256-5374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ritzman Pharmacies, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-78
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Greenwood, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2104 Kimball Ave
 City Waterloo State IA Zip Code 50702-5037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenwood Drug, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.85

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-79
 Amount of Each Receipt this Period 416.65
 Memo Item

C. Groesbeck, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 E Main St
 City Streator State IL Zip Code 61364-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Streator Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-80
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.65
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 32 OF 84
<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. Haas, Luann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 248
 City Nauvoo State IL Zip Code 62354-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nauvoo Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-81
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hamby, Gregory, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3610 N Major Dr
 City Beaumont State TX Zip Code 77713-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kings Pharmacy Beaumont Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-82
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hammes, Julie, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 934 Main St
 City Sabetha State KS Zip Code 66534-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sabetha Healthmart Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-83
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 33 OF 84
<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. Hammond, James, Rod, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 E Belknap St
 City Jacksboro State TX Zip Code 76458-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) City Drug Store Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-84
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Hauser, Ronna, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-85
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. Heckman, H., Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Business Park Cir
 City Stoughton State WI Zip Code 53589-3392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAAS National Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3749.85

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-86
 Amount of Each Receipt this Period
 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	596.65
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 34 OF 84
<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. Henry, Holly, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 15114
 City Seattle State WA Zip Code 98115-0114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rxtra Care, Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-87
 Amount of Each Receipt this Period 100.00
 Memo Item

B. High, Carter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 S Main St
 City Rhome State TX Zip Code 76078-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Value Rhome Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-88
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hoey, Brian, Douglas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Emerald Dr
 City Alexandria State VA Zip Code 22308-2628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Senior Vice President & Chief Operatin
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3749.85

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-89
 Amount of Each Receipt this Period 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	616.65
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 35 OF 84
	<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. Hoffman Beechko, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1842 E Jericho Tpk
 Unit 1
 City Huntington State NY Zip Code 11743-5757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rx Express Pharmacy Of East Northport Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-90
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Holm, Leif, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 Lathrop St
 Ste 109
 City Fairbanks State AK Zip Code 99701-5937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alaska Family Pharmacy - MDA Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-91
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Horton, Edmund, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2445 Northwest Loop
 Ste A
 City Stephenville State TX Zip Code 76401-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tanglewood Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3749.85

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-92
 Amount of Each Receipt this Period 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.65
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 36 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
National Community Pharmacists Association - PAC

A. Hose, Brian, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17316 Shepherdstown Pike
 City Sharpsburg State MD Zip Code 21782-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharpsburg Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-93
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Hughes, Walter, M., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 S Broad St
 City Clinton State SC Zip Code 29325-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sadler-Hughes Apothecary Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-94
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Johnson, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 W Main St
 City Lebanon State KY Zip Code 40033-1362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pats Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018101010574-95
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 37 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Johnson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 S Main St
 City Colfax State WA Zip Code 99111-1803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tick Klock Drugs Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-96
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Johnson, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3736 Mike Padgett Hwy
 City Augusta State GA Zip Code 30906-0719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Living Well Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-97
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Jolly, Mohan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Forest Ave
 City Glen Cove State NY Zip Code 11542-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glen Cove Chemists Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-98
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
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 38 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Kelly, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 Lacey Rd
 City Forked River State NJ Zip Code 08731-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine To Go Pharmacies Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-99
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kim, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 E Capitol St NE
 City Washington State DC Zip Code 20003-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grubb's Care Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-100
 Amount of Each Receipt this Period 100.00
 Memo Item

C. La Violette, Karry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-101
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
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 39 OF 84
	(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

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

A. Lassiter, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3252 SE 29th St
 City Del City State OK Zip Code 73115-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lassiter Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-102
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Lavella, Patrick, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 E Warrington Ave
 City Pittsburgh State PA Zip Code 15210-1560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hilltop Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-103
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Lawson, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 2nd St
 City Talihina State OK Zip Code 74571-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawson Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-104
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 40 OF 84
<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. Lea, Clarence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6708 Westbury Ct
 City Benbrook State TX Zip Code 76132-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-105
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lea, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6708 Westbury Ct
 City Benbrook State TX Zip Code 76132-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-106
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lebegern, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1091 General Knox Rd
 City Washington Crossin State PA Zip Code 18977-1359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-107
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 41 OF 84
	<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. Leikach, Deanna, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Redleaf Rose Ct
 Reisterstown
 City Reisterstown State MD Zip Code 21136-6046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Finksburg Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-108
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Leikach, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 Frederick Rd
 City Baltimore State MD Zip Code 21228-2375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catonsville Pharmacy Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-109
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Letendre, William, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9901 S Wilcrest Dr
 City Houston State TX Zip Code 77099-5132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP Phcy Mgmt Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-110
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 42 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Logan, Richard, N., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 S Main St
 City Charleston State MO Zip Code 63834-1644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L And S Discount Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-111
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lueneburg, Bradley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Hassan St SE
 City Hutchinson State MN Zip Code 55350-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Rexall Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-112
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Macioci, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2941 Westchester Ave
 City Bronx State NY Zip Code 10461-4534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pilgrim Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-113
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 43 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Mahmood, Nasir, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Marie Ct
 City Wappingers Falls State NY Zip Code 12590-6517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pine Plains Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-114
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Marquess, Jonathan, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Allatoona Trace Dr SE
 City Acworth State GA Zip Code 30102-3805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodstock Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-115
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Marsiglia, Phillip, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 631 Cherry Hill Rd
 City Baltimore State MD Zip Code 21225-1228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Baltimore Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-116
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 44 OF 84
	<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. Martin, James, L., , Sr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25709 Cliff Cir

City Spicewood	State TX	Zip Code 78669-3050
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Martin & Martin Pharmacy Consultants,	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 2018101010574-117

Amount of Each Receipt this Period
100.00

Memo Item

B. Maxwell, Joseph, M., , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 726

City Frankston	State TX	Zip Code 75763-0726
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Maxwell Pharmacy Inc.	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 2018101010574-118

Amount of Each Receipt this Period
50.00

Memo Item

C. McAlanis, George, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 242 Market St

City Millersburg	State PA	Zip Code 17061-1334
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Millersburg Pharmacy Inc.	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 2018101010574-119

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 45 OF 84
	<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)
National Community Pharmacists Association - PAC

A. McAnally, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Bridle Path
 City Austin State TX Zip Code 78703-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 20181010574-120
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McClimon, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 State St
 City Bellevue State IA Zip Code 52031-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-121
 Amount of Each Receipt this Period 30.00
 Memo Item

C. McConchie, Leigh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Main St
 City Lake Luzerne State NY Zip Code 12846-6716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stone's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-122
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 46 OF 84
<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. McIntosh, Larry, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10227 Hartshill Ln
 City Saint Louis State MO Zip Code 63128-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmax Pharmacy #1302 Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-123
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McNeill, Kathy, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 205
 City Reedsville State WV Zip Code 26547-0205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-124
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Meredith, Lonnie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S Avenue E
 City Haskell State TX Zip Code 79521-5711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-125
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 47 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Mezzetta, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 BRdway
 City Massapequa State NY Zip Code 11758-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stuart's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-126
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Michael, Emad, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 E Grand Ave Ste 105
 City El Segundo State CA Zip Code 90245-3871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Antony Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-127
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Milano, Kerry, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 W Esplanade Ave S
 City Metairie State LA Zip Code 70002-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giuffria Inc. /Chateau Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-128
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 48 OF 84
<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. Miller, Bethany, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W Broadway
 City Red Lion State PA Zip Code 17356-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lion Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-129
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Miller, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 678 Wyckoff Ave
 City Wyckoff State NJ Zip Code 07481-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miller's of Wyckoff, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-130
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Minesinger, Michael, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 N Western Ave
 City Peoria State IL Zip Code 61604-5638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alwan Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-131
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 49 OF 84
<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. Miskovsky, Joseph, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Main St
 City Forest City State PA Zip Code 18421-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Cross Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-132
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Moore, Clay, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11101 Hefner Pointe Dr Ste 101
 City Oklahoma City State OK Zip Code 73120-5054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medic Pharmacy Hefner Pointe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-133
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Moore, Steven, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Montcalm Ave
 City Plattsburgh State NY Zip Code 12901-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Condo Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-134
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 50 OF 84
<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. Moore, William, O., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 W Sinton St
Ste B

City Sinton State TX Zip Code 78387-2552

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

Name of Employer (for Individual) Moores Pharmacy Occupation (for Individual) Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
09 / 21 / 2018
Transaction ID : 20181010574-135

Amount of Each Receipt this Period
200.00

Memo Item

B. Mullins, Deann, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 Ohio Ave

City Lynn Haven State FL Zip Code 32444-2352

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

Name of Employer (for Individual) Mullins Pharmacy Occupation (for Individual) Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
09 / 21 / 2018
Transaction ID : 20181010574-136

Amount of Each Receipt this Period
150.00

Memo Item

C. Musil, John, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23620 N 20th Dr
Ste 12

City Phoenix State AZ Zip Code 85085-0621

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

Name of Employer (for Individual) The Apothecary Shops Occupation (for Individual) Owner/Manager

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 21 / 2018
Transaction ID : 20181010574-137

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 51 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
National Community Pharmacists Association - PAC

A. Nairn, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 E Main St
 City Carnegie State PA Zip Code 15106-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AcoRx Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-138
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Nelson, Erik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 W 6th Ave
 City Spokane State WA Zip Code 99204-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sixth Avenue Medical Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-139
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Norberg, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1306
 City Southwest Harbor State ME Zip Code 04679-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carroll Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-140
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 52 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Notaro, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1769 Orchard Park Rd
 City West Seneca State NY Zip Code 14224-4624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union Medical Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-141
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Osborn, Bill, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 W Central Ave
 City Miami State OK Zip Code 74354-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Osborn Drugs, Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3433.20

Date of Receipt 09 / 12 / 2018
Transaction ID : 20181010574-142
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Osborn, Bill, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 W Central Ave
 City Miami State OK Zip Code 74354-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Osborn Drugs, Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3433.20

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-143
 Amount of Each Receipt this Period 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	566.65
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 53 OF 84
<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. Paganelli, Roger, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 E 187th St
 City Bronx State NY Zip Code 10458-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt. Carmel Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-145
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pagnotta, Paul, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 Delaware Ave
 City Delmar State NY Zip Code 12054-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Four Corners Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-146
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Pogany, Peter, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 Park Ave
 City Plainfield State NJ Zip Code 07060-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rapps Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-147
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 54 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Price, Dared, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Main St
 City Winfield State KS Zip Code 67156-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Graves Drug Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-148
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Primmer, Patricia, Louise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 N Crosby PO Box 808
 City Tekoa State WA Zip Code 99033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Tekoa Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-149
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Pryor, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 E Randolph Ave
 City Enid State OK Zip Code 73701-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Scheffe Prescription Shop Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-150
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 55 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
National Community Pharmacists Association - PAC

A. Quinlan, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 N Main St
 Ste B
 City Wayland State NY Zip Code 14572-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quinlans Ltc Pharmacy And Quinlans Pha Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-152
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Rabinowitz, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 Beach 116th St
 City Rockaway Park State NY Zip Code 11694-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockaway Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-153
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Rashid, Joe, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2404 Avenue L
 City Fort Madison State IA Zip Code 52627-3933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rashid Long Term Care Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-154
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 56 OF 84
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rayl, Scott, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 S Huron Ave
 City Harbor Beach State MI Zip Code 48441-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbor Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-155
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Rebhadl, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 Clematis St
 City West Palm Beach State FL Zip Code 33401-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center City Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-156
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Reynolds, Edward, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 E Evans St
 City Bainbridge State GA Zip Code 39819-4336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bainbridge Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-157
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 57 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Richards, Fleet, W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 932 N Main St
 City Chase City State VA Zip Code 23924-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F W Richards Jr Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-158
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Sandlin, Fred, C., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Country Estates Dr
 City Hamilton State AL Zip Code 35570-4843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fred's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-161
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Savley, Melody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO B0x 397
 City Nixa State MO Zip Code 65714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alps Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-162
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 58 OF 84
	<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)
National Community Pharmacists Association - PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Schipper, Joshua, , ,

Mailing Address 4815 Vernon Blvd

City Long Island City	State NY	Zip Code 11101-5616
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Vernon Blvd. Pharmacy, Inc.	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-163

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Scott, Matthew, , ,

Mailing Address PO Box 211
4057 St Hwy 3/

City Star Lake	State NY	Zip Code 13690-0211
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Adirondack Pharmacy	Occupation (for Individual) Pharmacist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-164

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Selby, Kelly, , ,

Mailing Address 4400 Teasley Ln
Ste 100

City Denton	State TX	Zip Code 76210-4651
----------------	-------------	------------------------

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

Name of Employer (for Individual) Community Pharmacy	Occupation (for Individual) Owner/Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 20181010574-165

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 59 OF 84
<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. Seymour, John, Warren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 W Main St
 City Orange State VA Zip Code 22960-1555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orange Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-166
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Shah, Parthiv, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3811 Dyre Ave
 City Bronx State NY Zip Code 10466-6112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Top Value Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-167
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Shah, Samir, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 Mill St
 City Liberty State NY Zip Code 12754-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arlington Pharmacy dba K&K Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-168
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 60 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Shekar, Chandra, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 E Eckerson Rd
 City Spring Valley State NY Zip Code 10977-3014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) V Care Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-169
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Shoffner, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Unity Rd
 City Crossett State AR Zip Code 71635-9444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gammel's Clinic Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-170
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Short, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 835
 2515 Business Dr
 City Cumming State GA Zip Code 30028-0835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sawnee Drug Co Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-171
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 61 OF 84
<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. Showalter, Nelson, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 96
 City Broadway State VA Zip Code 22815-0096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadway Drug Store, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-172
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Silbaugh, Darrin, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 N 3rd St
 City Harrisburg State PA Zip Code 17110-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrisburg Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-173
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Simons, Troy, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 89
 City Perry State OK Zip Code 73077-0089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foster Corner Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-174
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 62 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Smith, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Erica Dr
 City Indiana State PA Zip Code 15701-8940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-175
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Smith Cooney, Stephanie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 105
 City Danville State PA Zip Code 17821-0105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Vice President
 Gatti Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-176
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Spoon, James, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 N Old North Pl
 City Sand Springs State OK Zip Code 74063-8985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Owner/Manager
 Spoon Drug / T.R.B. Drugs, Inc.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-177
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 63 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Stevens, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 S Main St
 City Canyonville State OR Zip Code 97417-9645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gordons Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-178
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Stone, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 N Main St
 City Hutchinson State KS Zip Code 67501-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Medicine Shoppe Pharmacy Occupation (for Individual) BILLING SPEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-179
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Stuart, Michael, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18565 Business 13
 City Branson West State MO Zip Code 65737-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeland Pharmacy Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-180
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 64 OF 84
<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. Swartz, Stacey, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2204 Mount Vernon Ave
 City Alexandria State VA Zip Code 22301-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neighborhood Pharmacy of Del Ray Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-181
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Todd, Virgil, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 General Pershing Blvd
 City Oklahoma City State OK Zip Code 73107-6437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthCare Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-182
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Toomajian, James, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 19th St
 City Watervliet State NY Zip Code 12189-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Watervliet Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-183
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 65 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
National Community Pharmacists Association - PAC

A. Turner, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 W Commercial St
 City Inola State OK Zip Code 74036-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inola Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-184
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Valenta, Colin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6618 Kelly Rd
 City La Fayette State NY Zip Code 13084-9668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dougherty Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-185
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Vasoya, Chhagan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 752 E Arrow Hwy
 City Pomona State CA Zip Code 91767-2247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Express Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 09 / 21 / 2018
Transaction ID : 20181010574-186
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 66 OF 84
<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. Vaughan, Carey, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 Commerce Dr
 Ste 110
 City Greensboro State GA Zip Code 30642-7444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Country Pharmacy & Compounding Ce Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-187
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Vena, Victor, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1322 W State St
 City Olean State NY Zip Code 14760-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vic Vena Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-188
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Vinson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 934 Adams Ave
 City Montgomery State AL Zip Code 36104-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adams Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 20181010574-189
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 67 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Vorac, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 S State St
 City Geneseo State IL Zip Code 61254-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorac Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-190
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wear, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 305
 City Carthage State IL Zip Code 62321-0305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wear Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-191
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wells, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Main St
 City Neodesha State KS Zip Code 66757-1739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Porter Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 20181010574-192
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 68 OF 84
	<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)
National Community Pharmacists Association - PAC

A. Wilson, Justin, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 S Douglas Blvd
 Ste A
 City Midwest City State OK Zip Code 73130-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valu-Med Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-193
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Wilson, Lonny, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 16430
 City Oklahoma City State OK Zip Code 73113-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Providers of Oklahoma, Inc. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-194
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Wingo, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Parade St NW
 Ste 100
 City Huntsville State AL Zip Code 35806-4848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-195
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 69 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
National Community Pharmacists Association - PAC

A. Yu, Rong Tian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 37 41st Ave
 City Long Island City State NY Zip Code 11101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Queensbridge Plaza Pharmacy Corp Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-196
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Zint, Eric, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 Jefferson St
 City Greenfield State OH Zip Code 45123-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corner Pharmacy LLC Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 20181010574-197
 Amount of Each Receipt this Period 50.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	21184.82

**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"/> 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

Full Name (Last, First, Middle Initial)

A. Bankcard

Mailing Address 28720 Roadside Dr
#229

City Agoura Hills State CA Zip Code 91301

Purpose of Disbursement
Credit card fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : VB618914FA
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Fifth Third

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Credit card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V67387803CE
Amount of Each Disbursement this Period

Memo Item

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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"/> 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

Full Name (Last, First, Middle Initial)

A. Austin Scott For Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

Mailing Address PO Box 2530

FEC Identification Number

C C00482737

City Tifton State GA Zip Code 31793

Transaction ID : 8B849ACF7E
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 General

011
Category/
Type

1500.00

Candidate Name
Scott, James, Austin, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: GA District: 08

Full Name (Last, First, Middle Initial)

B. Blue Dog Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

Mailing Address PO Box 83142

FEC Identification Number

C C00305318

City Gaithersburg State MD Zip Code 20883

Transaction ID : EAC7A3F79E
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 Contribution

011
Category/
Type

2500.00

Candidate Name
Blue Dog Political Action Committee

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Contribution

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Blum For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

Mailing Address 2728 Asbury Road Suite 400

FEC Identification Number

C C00543926

City Dubuque State IA Zip Code 52001

Transaction ID : 26A262316F
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 General

011
Category/
Type

1500.00

Candidate Name
Blum, Rodney, Leland, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: IA District: 01

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

5500.00

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"/> 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. Buddy PAC

Full Name (Last, First, Middle Initial)

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement 2018 Contribution

Candidate Name **Buddy PAC**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement 09 / 14 / 2018

FEC Identification Number C00597062
Transaction ID : B8BFE5D9DE

Amount of Each Disbursement this Period 2500.00

Memo Item

B. CHC BOLD PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement 2018 Contribution

Candidate Name **CHC BOLD PAC**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement 09 / 06 / 2018

FEC Identification Number C00365536
Transaction ID : BC492F8DCE

Amount of Each Disbursement this Period 5000.00

Memo Item

C. Cindy Hyde-Smith For US Senate

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2930

City Jackson State MS Zip Code 39207

Purpose of Disbursement 2018 General

Candidate Name **Hyde-Smith, Cindy, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Contribution

State: MS District:

Date of Disbursement 09 / 27 / 2018

FEC Identification Number C00675348
Transaction ID : 7881F5B2B2

Amount of Each Disbursement this Period 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9500.00

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"/> 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

Full Name (Last, First, Middle Initial) A. Crawford For Congress		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address PO Box 16956		FEC Identification Number C00462374 Transaction ID : CA7CE3A794
City Jonesboro	State AR	Zip Code 72403
Purpose of Disbursement 2018 General	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Crawford, Eric, Alan, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: AR District: 01	

Full Name (Last, First, Middle Initial) B. Dr. Raul Ruiz For Congress		Date of Disbursement MM / DD / YYYY 09 / 06 / 2018
Mailing Address PO Box 3433		FEC Identification Number C00502575 Transaction ID : 39F7E70F045
City Palm Desert	State CA	Zip Code 92261
Purpose of Disbursement 2018 General	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Ruiz, Raul, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CA District: 36	

Full Name (Last, First, Middle Initial) C. Dutch Ruppensberger For Congress Committee		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address PO Box 231		FEC Identification Number C00376673 Transaction ID : 67D3F11FD9
City Lutherville	State MD	Zip Code 21094
Purpose of Disbursement 2018 General	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Ruppensberger, C.A., Dutch, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MD District: 02	

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"/> 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

Full Name (Last, First, Middle Initial)

A. Free State PAC

Mailing Address P.O. Box 9191

City Shawnee Mission State KS Zip Code 66201

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

Free State PAC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C00455717

Transaction ID : 504A4033EC!

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends For Chris Stewart, Inc.

Mailing Address PO Box 540370

City North Salt Lake State UT Zip Code 84054-0370

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name

Stewart, Christopher, Douglas, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: UT District: 02

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C00506931

Transaction ID : E75831F68EA

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C00528414

Transaction ID : FACA0AC06!

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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"/> 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

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2018 Contribution

Category/
Type

Candidate Name
IMPACT

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : C922A7EDE2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642-0020

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name
Herrera Beutler, Jaime, Lynn, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 5130657AEDC

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Jobs Opportunity And New Ideas PAC

Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement
2018 Contribution

Category/
Type

Candidate Name
Jobs Opportunity And New Ideas PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8C2BDB7EB

Amount of Each Disbursement this Period

Memo Item

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"/> 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. John Kennedy For Us

Full Name (Last, First, Middle Initial)

Mailing Address 2900 Clearview Pkwy
Suite 206

City Metairie State LA Zip Code 70006

Purpose of Disbursement 2022 Primary

Candidate Name Kennedy, John, Neely, ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: LA District:

Date of Disbursement 09 / 27 / 2018

FEC Identification Number C00608398
Transaction ID : 65323140DF#
Amount of Each Disbursement this Period 1000.00

Memo Item

B. Kathleen Rice For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement 2018 General

Candidate Name Rice, Kathleen, Maura, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 04

Date of Disbursement 09 / 27 / 2018

FEC Identification Number C00555813
Transaction ID : 9581F97BEE#
Amount of Each Disbursement this Period 1000.00

Memo Item

C. Kind For Congress Committee

Full Name (Last, First, Middle Initial)

Mailing Address 205 5Th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement 2018 General

Candidate Name Kind, Ronald, James, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement 09 / 14 / 2018

FEC Identification Number C00312017
Transaction ID : DCCAA8E6A
Amount of Each Disbursement this Period 1000.00

Memo Item

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"/> 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

Full Name (Last, First, Middle Initial)

A. Loeb sack For Congress

Mailing Address PO Box 3013

City
Iowa City

State
IA

Zip Code
52244

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Loeb sack, David, Wayne, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00414318

Transaction ID : D8FB6981AA

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Man chin For West Virginia

Mailing Address PO Box 5202

City
Charleston

State
WV

Zip Code
25361

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Man chin, Joseph, , , III

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WV District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00486563

Transaction ID : B6D6A9CBF9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mar sha For Senate

Mailing Address PO Box 3750

City
Brentwood

State
TN

Zip Code
37024

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Blackburn, Mar sha, Wedgeworth, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00376939

Transaction ID : 28E4C34409

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

**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"/> 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

Full Name (Last, First, Middle Initial)

A. Marsha For Senate

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name

Blackburn, Marsha, Wedgeworth, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TN District:

Date of Disbursement

/ /

FEC Identification Number

C C00376939

Transaction ID : 0EBCE87F8E

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PAC

Mailing Address 700 13Th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

New Democrat Coalition PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00409730

Transaction ID : AD6DB43661

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

New Pioneers PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00459123

Transaction ID : 8999A444CB

Amount of Each Disbursement this Period

Memo Item

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"/> 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. Paul Davis For Kansas

Full Name (Last, First, Middle Initial)
Paul Davis For Kansas

Date of Disbursement: 09 / 27 / 2018

Mailing Address: PO Box 944

City: Lawrence, State: KS, Zip Code: 66044

Purpose of Disbursement: 2018 General
Category/Type: 011

Candidate Name: Davis, Paul, , ,

Office Sought: House, Senate, President
Disbursement For: 2018, Primary, General, Other (specify) ▼

State: KS, District: 02

FEC Identification Number: C00653121
Transaction ID: 898C78E2CC
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. People For Ben

Full Name (Last, First, Middle Initial)
People For Ben

Date of Disbursement: 09 / 27 / 2018

Mailing Address: PO Box 31129

City: Santa Fe, State: NM, Zip Code: 87594

Purpose of Disbursement: 2018 General
Category/Type: 011

Candidate Name: Lujan, Ben, Ray, ,

Office Sought: House, Senate, President
Disbursement For: 2018, Primary, General, Other (specify) ▼

State: NM, District: 03

FEC Identification Number: C00443689
Transaction ID: DEF2F412CEI
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Rick W. Allen For Congress

Full Name (Last, First, Middle Initial)
Rick W. Allen For Congress

Date of Disbursement: 09 / 06 / 2018

Mailing Address: P. O. Box 338

City: Augusta, State: GA, Zip Code: 30903

Purpose of Disbursement: 2018 General
Category/Type: 011

Candidate Name: Allen, Richard, W., ,

Office Sought: House, Senate, President
Disbursement For: 2018, Primary, General, Other (specify) ▼

State: GA, District: 12

FEC Identification Number: C00504019
Transaction ID: F48195616D
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

6000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Rob Wittman For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3770

City: Oakton, State: VA, Zip Code: 22124

Purpose of Disbursement: 2018 General

Candidate Name: Wittman, Robert, Joseph, ,

Office Sought: House, Senate, President

Disbursement For: 2018, Primary, General, Other (specify) ▼

State: VA, District: 01

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C00441014
Transaction ID: 4FEAD538F8
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Robert Aderholt For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 1158

City: Haleyville, State: AL, Zip Code: 35565

Purpose of Disbursement: 2018 General

Candidate Name: Aderholt, Robert, Brown, ,

Office Sought: House, Senate, President

Disbursement For: 2018, Primary, General, Other (specify) ▼

State: AL, District: 04

Date of Disbursement: 09 / 06 / 2018

FEC Identification Number: C00313247
Transaction ID: A6D3AB379A
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. Ron Estes For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 782952

City: Wichita, State: KS, Zip Code: 67278-2952

Purpose of Disbursement: 2018 General

Candidate Name: Estes, Ron, , ,

Office Sought: House, Senate, President

Disbursement For: 2018, Primary, General, Other (specify) ▼

State: KS, District: 04

Date of Disbursement: 09 / 06 / 2018

FEC Identification Number: C00632067
Transaction ID: 58DAEA061E
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name
Rothfus, Keith, James, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 17

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00497115

Transaction ID : 0D1462B438C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name
Shore PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00410308

Transaction ID : AAC0E54ADE

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stabenow For US Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name
Stabenow, Deborah, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00344473

Transaction ID : 45D16455BA

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin For Senate

Mailing Address Pobox 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Baldwin, Tammy, S., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00326801

Transaction ID : 965CB706637

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City
Laredo

State
TX

Zip Code
78040

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Cuellar, Henry, Roberto, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 28

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00371302

Transaction ID : 52356D896B0

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Bill Keating Committee

Mailing Address P.O. Box 3065

City
Buzzards Bay

State
MA

Zip Code
02532

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Keating, William, Richard, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00479063

Transaction ID : 69504589D95

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Vicente Gonzalez For Congress

Mailing Address 121 North 10Th Street

City McAllen State TX Zip Code 78501

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Gonzalez, Vicente, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00592659
Transaction ID : AF72197E5B
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walter Jones Committee

Mailing Address PO Box 3962

City Greenville State NC Zip Code 27836

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Jones, Walter, B., , Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: NC District: 03

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C C00305052
Transaction ID : F20AD6DB70
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05401

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Welch, Peter, Francis, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: VT District: 01

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C C00413179
Transaction ID : 55A9DFB933
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

8500.00

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

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Young For Iowa, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement 2018 General

Candidate Name Young, David, Edmund, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IA District: 03

Date of Disbursement 09 / 06 / 2018

FEC Identification Number C00545616

Transaction ID : 3DFBB781B1

Amount of Each Disbursement this Period 1500.00

Memo Item

B. Zeldin For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement 2018 General

Candidate Name Zeldin, Lee, M., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement 09 / 27 / 2018

FEC Identification Number C00552547

Transaction ID : 6C142C82515

Amount of Each Disbursement this Period 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	87000.00