07/15/2002 15 : 52

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

National Community Pharmacists Association - PAC

ADDRESS (number and street) ▼ 205 Deingerfield Road

Check if different than previously reported. (ACC)

Alexandria | VA | 22314 – 2885

CITY ▲ STATE ▲ ZIPCODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C00030809

3. IS THIS REPORT — NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	X May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 04 01 2002 through 04 30 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Bobowski

Signature of Treasurer Electronically Filed by Robert Bobowski Date 07 15 2002

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From: 04 01 2002 To: 04 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		14744.23
(b) Cash on Hand at Begining of Reporting Period	21940.19	
(c) Total Receipts (from Line 19)	22026.26	43262.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43966.45	58006.80
7. Total Disbursements (from Line 30)	20108.29	34148.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23858.16	23858.16
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

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: 04 01 2002 To: 04 30 2002

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)	2850.00	
(ii) Unitemized	19170.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	22020.00	43250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	22020.00	43250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	6.26	12.57
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	22026.26	43262.57
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	22026.26	43262.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	108.29	148.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	108.29	148.64
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	20000.00	34000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	20108.29	34148.64
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	20108.29	34148.64

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	22020.00	43250.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	22020.00	43250.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	108.29	148.64
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	108.29	148.64

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 15

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Mr. Tommy Armes
Mailing Address: 336 South Main Street
City: Crossville State: TN Zip Code: 38555
FEC ID number of contributing federal political committee.
Name of Employer: Cumberland Vital Care
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 15 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.6925

B.
Full Name (Last, First, Middle Initial): Mr. Frederick Bonchosky
Mailing Address: 1238 National Pike PO Box 90
City: Hopwood State: PA Zip Code: 15445
FEC ID number of contributing federal political committee.
Name of Employer: Rx Plus Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 08 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.6763

C.
Full Name (Last, First, Middle Initial): Mr. Frederick Bonchosky
Mailing Address: 1238 National Pike PO Box 90
City: Hopwood State: PA Zip Code: 15445
FEC ID number of contributing federal political committee.
Name of Employer: Rx Plus Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 04 24 2002
Amount of Each Receipt this Period: 100.00
contribution
Transaction ID: SA11A1.7002

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 6 / 15

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Mr. Richard Hawks
Mailing Address: 900 W. Main Street
City: Rogersville State: TN Zip Code: 37857
FEC ID number of contributing federal political committee.
Name of Employer: Medical Center Pharmacy
Occupation: Pharmacist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 15 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.6930

B.
Full Name (Last, First, Middle Initial): Mr. Joseph Lech
Mailing Address: 13 Rockledge Lane
City: Tunkhannock State: PA Zip Code: 18657
FEC ID number of contributing federal political committee.
Name of Employer: Lech's Pharmacy
Occupation: Pharmacist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 08 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.6855

C.
Full Name (Last, First, Middle Initial): Mr. Raymond Michael
Mailing Address: 202 1st N.W. PO Box 170
City: Boardman State: OR Zip Code: 97818-0170
FEC ID number of contributing federal political committee.
Name of Employer: Boardman Pharmacy
Occupation: Pharmacist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 08 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.6856

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 15

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address
304 Lewisburg Road

City: Eaton State: OH Zip Code: 45320

FEC ID number of contributing federal political committee.

Name of Employer: Gary's Pharmacy
Occupation: Pharmacist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 04 2002

Amount of Each Receipt this Period: 250.00

contribution

Transaction ID: SA11A1.6739

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

Mailing Address
535 Main Street

City: Olean State: NY Zip Code: 14760

FEC ID number of contributing federal political committee.

Name of Employer: Prizel's Pharmacy
Occupation: Pharmacist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 17 2002

Amount of Each Receipt this Period: 250.00

contribution

Transaction ID: SA11A1.6982

C. Full Name (Last, First, Middle Initial)
Mr. Mark Ray

Mailing Address
2400 Avalon Avenue

City: Muscle Shoals State: AL Zip Code: 35661

FEC ID number of contributing federal political committee.

Name of Employer: Avalon Discount Drugs
Occupation: Pharmacist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2002

Amount of Each Receipt this Period: 250.00

contribution

Transaction ID: SA11A1.6860

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 15

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Mr. James Taylor
Mailing Address: 404 Tennant Mountain Lane, PO Box 186
City: Crossnore | State: NC | Zip Code: 28616
FEC ID number of contributing federal political committee.
Name of Employer: Crossnore Drug Store | Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 15 2002
Amount of Each Receipt this Period: 250.00
contribution
Transaction ID: SA11A1.6928

B.
Full Name (Last, First, Middle Initial): Mr. Kim Tenreiro
Mailing Address: 68 West Avenue
City: Canandaigua | State: NY | Zip Code: 14424
FEC ID number of contributing federal political committee.
Name of Employer: The Medicine Shoppe | Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 08 2002
Amount of Each Receipt this Period: 500.00
contribution
Transaction ID: SA11A1.6858

C.

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

TOTAL This Period (last page this line number only) ..... ▶ **2850.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
Barr for Congress

Mailing Address
PO Box 4323
City: Marietta
State: GA
Zip Code: 30061

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 07

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.7078

B.
Full Name (Last, First, Middle Initial)
COLLINS FOR CONGRESS COMMITTEE

Mailing Address
507 Capitol Court NE, #100
City: Washington
State: DC
Zip Code: 20002

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 06

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7081

C.
Full Name (Last, First, Middle Initial)
DEMO CONGRESSIONAL CAMPAIGN CMTTEE

Mailing Address
430 South Capitol Street SE 2nd Floor
City: Washington
State: DC
Zip Code: 20003

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23.7093

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMM

Mailing Address
430 SOUTH CAPITOL STREET, SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President

Disbursement For: 2002 X Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.7098

B. Full Name (Last, First, Middle Initial)
DONALD A. MANZULLO FOR CONGRESS

Mailing Address
PO Box 16021

City: Alexandria | State: VA | Zip Code: 22302

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2002 Primary X General Other (specify)

State: IL District: 16

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7092

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

Mailing Address
13486 W CENTER DRIVE

City: LAKEWOOD | State: CO | Zip Code: 80228

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2002 X Primary General Other (specify)

State: CO District: 07

Date of Disbursement: 04 / 11 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7103

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
FRIENDS FOR CLIFF STEARNS

Mailing Address
4451 Brookfield Corporate Drive

City: Chantilly | State: VA | Zip Code: 20151

Purpose of Disbursement
contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 06

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7084

B. Full Name (Last, First, Middle Initial)
FRIENDS OF WEINER

Mailing Address
P.O. Box 290-346

City: Brooklyn | State: NY | Zip Code: 11229

Purpose of Disbursement
contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NY District: 09

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 11 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.7102

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

Mailing Address
PO BOX 33027

City: SEATTLE | State: WA | Zip Code: 98133

Purpose of Disbursement
contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WA District: 01

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.7085

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
JOHN DINGELL FOR CONGRESS COMM

Mailing Address
607 FOURTEENTH STREET NW

City: WASHINGTON | State: DC | Zip Code: 20005

Purpose of Disbursement
contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MI District: 15

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 3000.00

Transaction ID: SB23.7100

B. Full Name (Last, First, Middle Initial)
LOFGREN FOR CONGRESS

Mailing Address
111 W. St. John St. Ste. 400

City: San Jose | State: CA | Zip Code: 95113

Purpose of Disbursement
contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 16

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 04 / 11 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.7105

C. Full Name (Last, First, Middle Initial)
MARK PRYOR FOR US SENATE

Mailing Address
POST OFFICE BOX 2720

City: LITTLE ROCK | State: AR | Zip Code: 72203

Purpose of Disbursement
contribution

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: AR District: 00

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 / 04 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7080

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
SENSENBRENNER COMMITTEE

Mailing Address
PO BOX 575
City: BROOKFIELD State: WI Zip Code: 53008

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: WI District: 09

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 04 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7087

B.
Full Name (Last, First, Middle Initial)
TEAM EMERSON

Mailing Address
PO Box 16021
City: Alexandria State: VA Zip Code: 22302

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MD District: 08

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 04 04 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.7075

C.
Full Name (Last, First, Middle Initial)
TEXANS FOR HENRY BONILLA

Mailing Address
4451 Brookfield Corporate Drive #200
City: Chantilly State: VA Zip Code: 20151

Purpose of Disbursement
contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 23

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 04 04 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.7077

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

TOTAL This Period (last page this line number only) ..... ▶ **20000.00**

Form/Schedule: SB23 Data entry error on the previous report. Disbursement is for the General election.
Transaction ID: SB23.7092

Form/Schedule: SB23 Data entry error on the previous report. Disbursement is for the General election.
Transaction ID: SB23.7105

Form/Schedule: SB23 Data entry error on the previous report. Disbursement is for the General election.
Transaction ID: SB23.7077