

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

2012 OCT 10 AM 10:26  
Office Use Only

12030894236

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

K E R R , D R U G , I N C . P A C

ADDRESS (number and street) 3 2 2 0 S P R I N G F O R E S T R O A D

Check if different than previously reported. (ACC) R A L E I G H N C 2 7 6 1 6 - 2 8 2 2

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 3 6 8 3 8 1

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

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

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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 KATHRYN R. CARROLL

Signature of Treasurer *Kathryn R. Carroll*

Date M M M / D D D / Y Y Y Y Y Y Y Y

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**KERR DRUG, INC. PAC**

Report Covering the Period: From:

07 / 01 / 2012

To:

09 / 30 / 2012

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2012	30,201.25
(b) Cash on Hand at Beginning of Reporting Period.....	29,017.90
(c) Total Receipts (from Line 19) .....	5,192.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	34,210.62
7. Total Disbursements (from Line 31) .....	10,786.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23,424.02
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

12030894237



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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

**KERR DRUG, INC. PAC**

Report Covering the Period: From: 

MM	DD	YYYY
07	01	2012

 To: 

MM	DD	YYYY
09	30	2012

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

	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).....	5,192.72	13,591.89
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,192.72	13,591.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,192.72	13,591.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	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)).....▶	5,192.72	13,591.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,192.72	13,591.89

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**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 .....	(bank service fees) 6.94	89.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6.94	89.46
22. Transfers to Affiliated/Other Party Committees .....	10,779.66	20,279.66
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	10,786.60	20,369.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10,786.60	20,369.12

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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**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) .....	5,192.72	13,591.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5,192.72	13,591.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 1 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Baxley, William C.**

Mailing Address

**2349 Mount Vernon Church Road**

City State Zip Code

**Raleigh, North Carolina 27614**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**680.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**480.00**

Full Name (Last, First, Middle Initial)

**B. Brown, Douglas Reams**

Mailing Address

**105 Woodmere Lane**

City State Zip Code

**Goldsboro, North Carolina 27530**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**490.45**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**346.20**

Full Name (Last, First, Middle Initial)

**C. Brown, JoAnn M.**

Mailing Address

**105 Woodmere Lane**

City State Zip Code

**Goldsboro, North Carolina 27530**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**50.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**50.00**

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

**876.20**

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

**876.20**

12030894241

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

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

FOR LINE NUMBER: PAGE 2 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Brown, Michael V.**

Mailing Address

**25 Craven Court**

City

State

Zip Code

**Youngsville, North Carolina 27596**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**B. Bryant, David A.**

Mailing Address

**520 Hallburg Court**

City

State

Zip Code

**Wake Forest, North Carolina 27587**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**30.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**30.00**

Full Name (Last, First, Middle Initial)

**C. Buck, Donald**

Mailing Address

**117 Forecastle Court**

City

State

Zip Code

**Washington, North Carolina 27889**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**55.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**30.00**

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

**360.00**

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

**360.00**

12030894242

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

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

FOR LINE NUMBER: PAGE 3 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Burke, Chris**

Mailing Address

**1325 Sasswood Lane**

City

**Zebulon, North Carolina 27597**

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**81.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**81.00**

Full Name (Last, First, Middle Initial)

**B. Carroll, Kathryn R.**

Mailing Address

**7816 Mayfaire Crest Lane #206**

City

**Raleigh, North Carolina 27615**

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**340.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**240.00**

Full Name (Last, First, Middle Initial)

**C. Collums, Elizabeth**

Mailing Address

**1416 Debra Drive**

City

**Cary, North Carolina 27511**

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**60.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**60.00**

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

**381.00**

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

12030894243



**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 4 OF 11

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Dorsett, J. Bobby**

Mailing Address

**8005 Kukui Court**

City

**Raleigh, North Carolina 27613**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**850.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**600.00**

Full Name (Last, First, Middle Initial)

**B. Evans, Pamela**

Mailing Address

**513 South Front Street**

City

**Wilmington, North Carolina 28401**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**50.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**50.00**

Full Name (Last, First, Middle Initial)

**C. Gibson, Joseph P.**

Mailing Address

**7212 Lowell Road**

City

**Raleigh, North Carolina 27616**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**170.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**120.00**

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

**770.00**

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

**770.00**

12030894244

**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 5 OF 11

<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)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Gray, Richard H.**

Mailing Address

**309 Alderson Road**

City

State

Zip Code

**Washington, North Carolina 27889**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**85.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**60.00**

Full Name (Last, First, Middle Initial)

**B. Gregory, Mark J.**

Mailing Address

**1709 Chatsworth Lane**

City

State

Zip Code

**Raleigh, North Carolina 27614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**280.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**180.00**

Full Name (Last, First, Middle Initial)

**C. Hadley, EdnaRuth**

Mailing Address

**10704 Trego Trail**

City

State

Zip Code

**Raleigh, North Carolina 27614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**60.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**60.00**

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

**300.00**

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

**300.00**

12030894245

**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 11

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Hornaday, Andria K.**

Mailing Address

**8000 Morgans Way**

City State Zip Code

**Raleigh, North Carolina 27615**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**25.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**25.00**

Full Name (Last, First, Middle Initial)

**B. Lamb, Gerald Joseph**

Mailing Address

**1409 Vann Dowda Place**

City State Zip Code

**Wake Forest, North Carolina 27587**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**C. Line, David Spencer**

Mailing Address

**3212 - 725 Eastover Ridge Drive**

City State Zip Code

**Charlotte, North Carolina 28211**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**55.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**30.00**

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

**355.00**

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

**355.00**

12030894246

**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 11

<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)  
**KERR DRUG, INC. PAC**

12030894247

Full Name (Last, First, Middle Initial) <b>A. Lingerfeldt, Theodore</b>		Date of Receipt 09 / 19 / 2012
Mailing Address <b>106 Windrock Lane</b>		Amount of Each Receipt this Period 180.00
City <b>Cary, North Carolina</b>	State Zip Code <b>27511</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 255.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<b>255.00</b>		

Full Name (Last, First, Middle Initial) <b>B. Lippe, Motaki Michael</b>		Date of Receipt 09 / 19 / 2012
Mailing Address <b>313 Cabana Drive</b>		Amount of Each Receipt this Period 60.00
City <b>Apex, North Carolina</b>	State Zip Code <b>27539</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<b>85.00</b>		

Full Name (Last, First, Middle Initial) <b>C. Longobardo, Vincent</b>		Date of Receipt 09 / 19 / 2012
Mailing Address <b>516 Arbor Crest Road</b>		Amount of Each Receipt this Period 30.00
City <b>Holly Springs, North Carolina</b>	State Zip Code <b>27540</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<b>55.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Maddigan, J. Andrew**

Mailing Address

**5316 Berry Creek Circle**

City

**Raleigh, North Carolina 27613**

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

09 / 19 / 2012

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Maile, Joseph M.**

Mailing Address

**100 Meadowview Circle**

City

**Cary, North Carolina 27519**

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

228.82

Date of Receipt

09 / 19 / 2012

Amount of Each Receipt this Period

161.52

Full Name (Last, First, Middle Initial)

**C. Moore, Courtney F.**

Mailing Address

**8800-104 Bright Passage Drive**

City

**Raleigh, North Carolina 27616**

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 19 / 2012

Amount of Each Receipt this Period

50.00

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

271.52

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

12030894248

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

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

FOR LINE NUMBER: PAGE 9 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

12030894249

Full Name (Last, First, Middle Initial) <b>A. McAnally, David R.</b>		Date of Receipt 09 / 19 / 2012
Mailing Address <b>987 Kintail Court</b>		Amount of Each Receipt this Period 30.00
City <b>Wake Forest, North Carolina</b>	State Zip Code <b>27587</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.00	

Full Name (Last, First, Middle Initial) <b>B. Petri, Ralph E.</b>		Date of Receipt 09 / 19 / 2012
Mailing Address <b>2320 Sunny Stone Way</b>		Amount of Each Receipt this Period 1,380.00
City <b>Raleigh, North Carolina</b>	State Zip Code <b>27613</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1,955.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,955.00	

Full Name (Last, First, Middle Initial) <b>C. Porter, Scott Allen</b>		Date of Receipt 09 / 19 / 2012
Mailing Address <b>2628 Royal Forest Drive</b>		Amount of Each Receipt this Period 30.00
City <b>Raleigh, North Carolina</b>	State Zip Code <b>27614</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1,440.00
<b>TOTAL</b> 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 10 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

12030894250

Full Name (Last, First, Middle Initial) <b>A. Russell, Lisa</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2012
Mailing Address <b>4704 Waterford Cove Drive</b>		Amount of Each Receipt this Period 24.00
City <b>Raleigh, North Carolina</b>	State Zip Code <b>27616</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 44.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Simmons, Myra Beth</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2012
Mailing Address <b>111 Logan Circle</b>		Amount of Each Receipt this Period 25.00
City <b>Greenville, North Carolina</b>	State Zip Code <b>27858</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 25.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tribble, Arthur</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2012
Mailing Address <b>205 Rocky Ridge Drive</b>		Amount of Each Receipt this Period 60.00
City <b>Almond, North Carolina</b>	State Zip Code <b>28702</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 110.00
Name of Employer <b>Kerr Drug, Inc.</b>	Occupation <b>Management</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	109.00
<b>TOTAL</b> 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 11

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Williams, Nancy M.**

Mailing Address

**4205 Forest Court**

City State Zip Code

**Raleigh, North Carolina 27609**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**60.00**

Date of Receipt

**09 / 19 / 2012**

Amount of Each Receipt this Period

**60.00**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Kerr Drug, Inc.**

Occupation

**Management**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

**60.00**

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

**5,192.72**

12030894251



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 7
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Dalton for Governor</b>		Date of Disbursement MM / DD / YYYY <b>07 / 23 / 2012</b>
Mailing Address <b>Post Office Box 1696</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Raleigh, North Carolina 27602</b>	State Zip Code	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Walter Dalton</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. Janet Cowell for Treasurer</b>		Date of Disbursement MM / DD / YYYY <b>07 / 23 / 2012</b>
Mailing Address <b>Post Office Box 10333</b>		Amount of Each Disbursement this Period <b>440.00</b>
City <b>Raleigh, North Carolina 27605</b>	State Zip Code	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Janet Cowell</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. NC MPAC, Inc.</b>		Date of Disbursement MM / DD / YYYY <b>08 / 01 / 2012</b>
Mailing Address <b>Post Office Box 176001</b>		Amount of Each Disbursement this Period <b>1,500.00</b>
City <b>Raleigh, North Carolina 27619</b>	State Zip Code	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>2,440.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

12030894252

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 7					
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Dollar for House</b>		Date of Disbursement 08 / 16 / 2012
Mailing Address Post Office Box 1352		Amount of Each Disbursement this Period 500.00
City Cary, North Carolina 27512	State Zip Code	
Purpose of Disbursement Contribution		0.1.1 Category/ Type
Candidate Name Nelson Dollar		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: NC	District:	

Full Name (Last, First, Middle Initial) <b>B. Jason's Deli</b>		Date of Disbursement 08 / 20 / 2012
Mailing Address 909 Spring Forest Road		Amount of Each Disbursement this Period 339.66
City Raleigh, North Carolina 27609	State Zip Code	
Purpose of Disbursement Contribution		0.1.1 Category/ Type
Candidate Name U.S. Congressman David Price		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jim Fulghum for NC House</b>		Date of Disbursement 08 / 24 / 2012
Mailing Address 9660 Falls of Neuse Road - Suite 138 #248		Amount of Each Disbursement this Period 500.00
City Raleigh, North Carolina 27609	State Zip Code	
Purpose of Disbursement Contribution		0.1.1 Category/ Type
Candidate Name Jim Fulghum		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: NC	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1,339.66
<b>TOTAL</b> This Period (last page this line number only).....	

12030894253

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 7	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Citizens for Tamara Barringer</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>Post Office Box 5365</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Cary, North Carolina 27512</b>	State Zip Code	
Purpose of Disbursement <b>Contribution</b>		Category/ Type <b>0 1 1</b>
Candidate Name <b>Tamara Barringer</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. Phil Berger Committee</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>Post Office Box 1309</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Eden, North Carolina 27289</b>	State Zip Code	
Purpose of Disbursement <b>Contribution</b>		Category/ Type <b>0 1 1</b>
Candidate Name <b>Phil Berger</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. Neal Hunt to NC Senate</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>2600 Fairview Road</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Raleigh, North Carolina 27608</b>	State Zip Code	
Purpose of Disbursement <b>Contribution</b>		Category/ Type <b>0 1 1</b>
Candidate Name <b>Neal Hunt</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

12030894254

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 7			
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Ralph Hise for NC Senate</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>Post Office Box 6</b>		Amount of Each Disbursement this Period <b>250.00</b>
City	State Zip Code <b>Spruce Pine, North Carolina 28777</b>	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Ralph Hise</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

Full Name (Last, First, Middle Initial) <b>B. Brock for Senate</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>160 New Hampshire Court</b>		Amount of Each Disbursement this Period <b>250.00</b>
City	State Zip Code <b>Mocksville, North Carolina 27028</b>	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Andrew Brock</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

Full Name (Last, First, Middle Initial) <b>C. Apodaca for NC Senate Committee</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>1504 Fifth Avenue West</b>		Amount of Each Disbursement this Period <b>250.00</b>
City	State Zip Code <b>Hendersonville, North Carolina 28739</b>	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Tom Apodaca</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

12030894255

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 7

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
-----------------------------------------------	------------------------------------	------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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NAME OF COMMITTEE (in Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial)

**A.**

**Brunstetter for NC Senate**

Mailing Address  
**2521 Bitting Road**

City State Zip Code  
**Winston-Salem, North Carolina 27104**

Purpose of Disbursement  
**Contribution**

Candidate Name  
**Pete Brunstetter**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District:

Date of Disbursement

MM / DD / YYYY  
**08 / 27 / 2012**

Amount of Each Disbursement this Period

Amount: **250.00**

0 1 1  
Category/  
Type

**B.**

**Committee to Elect Thom Tillis**

Mailing Address  
**Post Office Box 32186**

City State Zip Code  
**Charlotte, North Carolina 28232**

Purpose of Disbursement  
**Contribution**

Candidate Name  
**Thom Tillis**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District:

Date of Disbursement

MM / DD / YYYY  
**08 / 27 / 2012**

Amount of Each Disbursement this Period

Amount: **1,000.00**

0 1 1  
Category/  
Type

**C.**

**Justin Burr for NC House**

Mailing Address  
**Post Office Box 1966**

City State Zip Code  
**Albemarle, North Carolina 28002**

Purpose of Disbursement  
**Contribution**

Candidate Name  
**Justin Burr**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District:

Date of Disbursement

MM / DD / YYYY  
**08 / 27 / 2012**

Amount of Each Disbursement this Period

Amount: **250.00**

0 1 1  
Category/  
Type

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

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

Amount: **1,500.00**

Amount: **250.00**

12030894256

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 6 OF 7				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Marilyn Avila</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>11312 Derby Lane</b>		Amount of Each Disbursement this Period <b>250.00</b>
City	State Zip Code <b>Raleigh, North Carolina 27613</b>	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Marilyn Avila</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

Full Name (Last, First, Middle Initial) <b>B. Fulghum for NC House</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>9660 Falls of Neuse Road - Suite 138 #248</b>		Amount of Each Disbursement this Period <b>250.00</b>
City	State Zip Code <b>Raleigh, North Carolina 27615</b>	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Jim Fulghum</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

Full Name (Last, First, Middle Initial) <b>C. NC Healthy Leadership Committee</b>		Date of Disbursement MM / DD / YYYY <b>08 / 27 / 2012</b>
Mailing Address <b>Post Office Box 1054</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City	State Zip Code <b>Morrisville, North Carolina 27560</b>	
Purpose of Disbursement <b>Contribution</b>		Category/Type <b>0 1 1</b>
Candidate Name <b>Tom Murry</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

12030894257

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 7
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a
	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c
	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
**KERR DRUG, INC. PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**Committee to Elect Martin Nesbitt**

Date of Disbursement  
MM / DD / YYYY  
**08 / 27 / 2012**

Mailing Address  
**77 Center Avenue - Suite E**

City State Zip Code  
**Asheville, North Carolina 28801**

Purpose of Disbursement  
**Contribution**

Candidate Name  
**Martin Nesbitt**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District:

Amount of Each Disbursement this Period  
**250.00**

Category/Type  
**0 1 1**

**B.**

Full Name (Last, First, Middle Initial)  
**The Phil Berger Committee**

Date of Disbursement  
MM / DD / YYYY  
**08 / 27 / 2012**

Mailing Address  
**90660 Falls of Neuse Road - Suite 138 #224**

City State Zip Code  
**Raleigh, North Carolina 27615**

Purpose of Disbursement  
**Contribution**

Candidate Name  
**Phil Berger**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District:

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type  
**0 1 1**

**C.**

Full Name (Last, First, Middle Initial)  
**Dr. Jim Fulghum for NC House**

Date of Disbursement  
MM / DD / YYYY  
**09 / 14 / 2012**

Mailing Address  
**9660 Falls of Neuse Road - Suite 138 #248**

City State Zip Code  
**Raleigh, North Carolina 27615**

Purpose of Disbursement  
**Contribution**

Candidate Name  
**Jim Fulghum**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District:

Amount of Each Disbursement this Period  
**500.00**

Category/Type  
**0 1 1**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **1,750.00**

**TOTAL** This Period (last page this line number only)..... ▶ **10,779.66**

12030894258

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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 Delivery Confirmation™ or Signature Confirmation™ Label

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date  
*10/9/12*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jm P*  
 PREPARER *10/10/12*  
 DATE PREPARED

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