

RECEIVED
FEDERAL
OPERATIONS CENTER

2004 JUL 15 A 11:07

**KERR
DRUG**

July 13, 2004

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Via UPS

Re: Kerr Drug, Inc. PAC

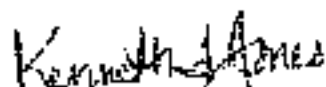
Dear Sir or Madam:

In connection with the above-referenced entity, enclosed please find a Statement of Organization, which has been prepared for the purpose of advising of our new address, i.e.:

3220 Spring Forest Road
Raleigh, North Carolina 27616

Should you have any questions, please contact me at (919) 544-3896, Ext. 232.

Very truly yours,

Kenneth F. Jones
Controller and Director of Financecc: Mark Gregory (w/o enclosure)
Johnson Rice (w/o enclosure)
Kathryn Carroll (w/ enclosure)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 JUL 15 A 11:07

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12PE4M5

Kerr Drug Inv PAC

ADDRESS (number and street)

3220 Spring Forest Rd



(Check if address
is changed)

Raleigh

NC

27616

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

919-544-7719

2. DATE

07 13 2004

3. FEC IDENTIFICATION NUMBER ▶

C00268781

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

Kenneth E. Jones

Signature of Treasurer

Kenneth E. Jones

Date

07 13 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact:
Federal Election Commission
101 Park 500-424-9530
toll 800-834-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation: _____ Office Sought: House Senate President
 State: _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Same w/ original FEC Form 1

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Keep Drug Inc. PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of campaign books and records.

Full Name Same as original FIEC Form 1

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Same as original FIEC Form 1

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Same as original FEC Form 1

Mailing Address

Form fields for mailing address, including city, state, and zip code.

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Form field for name of bank or depository.

Mailing Address

Form fields for mailing address, including city, state, and zip code.

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7-14-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>See</i> PREPARER	<i>7-15-04</i> DATE PREPARED