

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.

12FE4M5

National Community Pharmacists Association - PAC

ADDRESS (number and street) 100 Daingerfield Road

(Check if address is changed)

Alexandria

CITY

VA

STATE

22314-2885

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

karry.laviolette@ncpanet.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05 / 23 / 2013

3. FEC IDENTIFICATION NUMBER

C C00030809

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 Ms. Karry LaViolette

Signature of Treasurer

Ms. Karry LaViolette

[Electronically Filed]

Date

05 / 23 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)