

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
National Community Pharmacists Association - PAC

ADDRESS (number and street)   
Check if different than previously reported. (ACC)  Alexandria VA 22314-2885

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Ms. Karry LaViolette

Signature of Treasurer Ms. Karry LaViolette [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		241632.95
(b) Cash on Hand at Beginning of Reporting Period.....	254432.16	
(c) Total Receipts (from Line 19) .....	75869.29	139305.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	330301.45	380938.18
7. Total Disbursements (from Line 31).....	73102.82	123739.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	257198.63	257198.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 (Rev. 06/2004)

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).....	64953.29	86024.23
(ii) Unitemized .....	10916.00	48281.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75869.29	134305.23
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	75869.29	139305.23
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))..... ▶	75869.29	139305.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	75869.29	139305.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	787.82	2424.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	787.82	2424.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71500.00	120500.00
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 .....	815.00	815.00
(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)).....	815.00	815.00
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)) ..	73102.82	123739.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73102.82	123739.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	75869.29	139305.23
34. Total Contribution Refunds (from Line 28(d)) .....	815.00	815.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75054.29	138490.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	787.82	2424.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	787.82	2424.55

**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 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Greg Adams</b>		Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-1</b>
Mailing Address 815 Frisco Ave		Amount of Each Receipt this Period 150.00
City Clinton	State OK	Zip Code 73601-3322
FEC ID number of contributing federal political committee. C		
Name of Employer Salisbury Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Julian Ray Adams Jr.</b>		Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-2</b>
Mailing Address 922 Ohio Ave		Amount of Each Receipt this Period 100.00
City Lynn Haven	State FL	Zip Code 32444-2354
FEC ID number of contributing federal political committee. C		
Name of Employer Adams Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen C. Albert</b>		Date of Receipt 03 / 13 / 2015 <b>Transaction ID : 20150406103818-9</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 42.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		
Name of Employer National Community Pharmacists Associa	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	292.00
<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 7 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Stephen C. Albert**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314

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

Name of Employer Occupation  
 National Community Pharmacists Associa VP

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 03 / 30 / 2015  
**Transaction ID : 20150406103818-8**

Amount of Each Receipt this Period  
 42.00

Full Name (Last, First, Middle Initial)  
**B. Ben Allison**

Mailing Address 1713 W Plymouth

City State Zip Code  
 Broken Arrow OK 74012

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

Name of Employer Occupation  
 Osborn Drugs Owner/Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : 20150406103818-10**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Carl Allison**

Mailing Address 780 SE Baya Dr

City State Zip Code  
 Lake City FL 32025-5403

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

Name of Employer Occupation  
 Baya Pharmacy Owner/Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-11**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 642.00

**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 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Stephen J. Amato</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-13</b>
Mailing Address 938 Patricia Ave		Amount of Each Receipt this Period 100.00
City Dunedin	State FL	Zip Code 34698-6023
FEC ID number of contributing federal political committee. C		
Name of Employer Medicine Shoppe	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Anderson</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : 20150406103818-15</b>
Mailing Address 800 Fir St		Amount of Each Receipt this Period 500.00
City Perry	State OK	Zip Code 73077-4239
FEC ID number of contributing federal political committee. C		
Name of Employer Perry Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Calvin J. Anthony</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-16</b>
Mailing Address 1002 S Redlands Rd		Amount of Each Receipt this Period 100.00
City Stillwater	State OK	Zip Code 74074-1069
FEC ID number of contributing federal political committee. C		
Name of Employer Tiger Drug Company	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 9 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bradley J. Arthur**  
 Full Name (Last, First, Middle Initial)  
 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 Black Rock Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-17**  
 Amount of Each Receipt this Period 100.00

**B. Kenneth Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 239  
 City Gravette State AR Zip Code 72736-0239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Drug Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 20150406103818-20**  
 Amount of Each Receipt this Period 1000.00

**C. Shelley Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 538 SW 4th Ave  
 City Portland State OR Zip Code 97204-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Drugs Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : 20150406103818-21**  
 Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6100.00  
**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 10 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sam Bakar**

Mailing Address 545 Saint Pauls Pl

City State Zip Code  
 Bronx NY 10456

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

Name of Employer Occupation  
 Kings Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-22**

Amount of Each Receipt this Period  
 600.00

Full Name (Last, First, Middle Initial)  
**B. Timothy E. Baker**

Mailing Address 53 Narragansett Ave

City State Zip Code  
 Jamestown RI 02835-1100

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

Name of Employer Occupation  
 Baker's Pharmacy of Jamestown Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 03 / 11 / 2015  
**Transaction ID : 20150406103818-24**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. Timothy E. Baker**

Mailing Address 53 Narragansett Ave

City State Zip Code  
 Jamestown RI 02835-1100

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

Name of Employer Occupation  
 Baker's Pharmacy of Jamestown Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-23**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 975.00

**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 92
<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. Steve K. Balas**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 S McCarty Ave

City Eagle Lake State TX Zip Code 77434-3212

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

Name of Employer Eagle Lake Drug Store Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-25**

Amount of Each Receipt this Period 150.00

**B. Ralph W. Balchin**  
Full Name (Last, First, Middle Initial)

Mailing Address 575 Glynn St N

City Fayetteville State GA Zip Code 30214-1198

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

Name of Employer Jones Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-26**

Amount of Each Receipt this Period 100.00

**C. Michael R. Bellesine**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 N Vine St

City El Dorado State KS Zip Code 67042-2055

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

Name of Employer El Dorado Truecare Phcy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-31**

Amount of Each Receipt this Period 100.00

**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 12 OF 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Stetson F. Bennett III</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 <b>Transaction ID : 20150406103818-32</b>
Mailing Address PO Box 1321		Amount of Each Receipt this Period 365.00
City Nahunta	State GA	Zip Code 31553-1321
FEC ID number of contributing federal political committee. C	Name of Employer Bennetts Hometown Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick Berryman</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : 20150406103818-34</b>
Mailing Address 107 S West St		Amount of Each Receipt this Period 83.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer National Community Pharmacists Assc	Occupation Executive Vice President, Management C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Berryman</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : 20150406103818-33</b>
Mailing Address 107 S West St		Amount of Each Receipt this Period 83.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer National Community Pharmacists Assc	Occupation Executive Vice President, Management C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	531.00
<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 13 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Frederick J. Bonchosky</b>		Date of Receipt
Mailing Address 1238 National Pike		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Hopwood PA 15445-0090		<b>Transaction ID : 20150406103818-43</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Rx Plus Pharmacy Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jerry Botts</b>		Date of Receipt
Mailing Address 131 Forest Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Carl Junction MO 64834		<b>Transaction ID : 20150406103818-45</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Osborn Drugs Inc Owner/Manager		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steve Brangs</b>		Date of Receipt
Mailing Address 101 Jupiter Rd		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City State Zip Code Newark DE 19711		<b>Transaction ID : 20150406103818-47</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Retired Retired Pharmacist		<input type="text" value="225.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="825.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 92
	<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"/>	<input type="checkbox"/> 17

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

**A. Hubert Ray Bryan Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 736 Glover Ave  
 City Enterprise State AL Zip Code 36330-2018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bryan's Pharmacy Inc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-50**  
 Amount of Each Receipt this Period  
 250.00

**B. Anthony T. Budde Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Memorial Ct  
 City Highland State IL Zip Code 62249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-51**  
 Amount of Each Receipt this Period  
 100.00

**C. Nario R. Cantu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 S Closner Blvd  
 City Edinburg State TX Zip Code 78539-4697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cantu's Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-54**  
 Amount of Each Receipt this Period  
 250.00

**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:	PAGE 15 OF 92
	(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. Jeff J. Carson**  
Full Name (Last, First, Middle Initial)

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 Oakdell Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-56**

Amount of Each Receipt this Period  
150.00

**B. John R. Carson**  
Full Name (Last, First, Middle Initial)

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 Oakdell Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-57**

Amount of Each Receipt this Period  
250.00

**C. David Carter**  
Full Name (Last, First, Middle Initial)

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 Riggs Drugs Store Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-58**

Amount of Each Receipt this Period  
100.00

**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 16 OF 92
	<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. Chris K. Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 53 W Main St

City Victor State NY Zip Code 14564-1106

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

Name of Employer Mead Square Pharmacy, Inc. Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 20150406103818-59**

Amount of Each Receipt this Period 500.00

**B. Brian D. Caswell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2303 Military Ave

City Baxter Springs State KS Zip Code 66713-2324

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

Name of Employer Wolkar Drug Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-60**

Amount of Each Receipt this Period 150.00

**c. Charles R. Catalano**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Ardmore Ave

City Melville State NY Zip Code 11747

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

Name of Employer C+ S Pharmacy Consultants Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-61**

Amount of Each Receipt this Period 100.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 92
	<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. Hugh M. Chancy**  
 Full Name (Last, First, Middle Initial)  
 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 Chancy Drugs Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-62**  
 Amount of Each Receipt this Period  
 100.00

**B. Barry Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3526 Tongass Ave  
 City Ketchikan State AK Zip Code 99901-5635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Island Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-65**  
 Amount of Each Receipt this Period  
 100.00

**C. Anthony J. Ciarletta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 Tuckahoe Rd  
 City Yonkers State NY Zip Code 10710-5704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grassy Sprain Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-66**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 18 OF 92
	(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**

Full Name (Last, First, Middle Initial)  
**A. Michael D. Cionci**

Mailing Address 2 E Eagle Rd

City Havertown State PA Zip Code 19083-1424

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

Name of Employer Katz Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-67**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Leon Claywell**

Mailing Address 202 W Stephen Foster Ave

City Bardstown State KY Zip Code 40004-1472

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

Name of Employer Medica Pharmacy and Wellness Center Occupation 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  
 03 / 11 / 2015  
**Transaction ID : 20150406103818-69**

Amount of Each Receipt this Period  
450.00

Full Name (Last, First, Middle Initial)  
**C. Denys Coates**

Mailing Address 2445 Northwest Loop Ste A

City Stephenville State TX Zip Code 76401

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

Name of Employer Tanglewood Pharmacy Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-71**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 19 OF 92
	(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. Steve Coomes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 S Highway 377

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

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

Name of Employer Community Pharmacy	Occupation 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
03	/	24	/	2015

**Transaction ID : 20150406103818-74**

Amount of Each Receipt this Period  

100.00
--------

**B. Thomas Cory**  
Full Name (Last, First, Middle Initial)  
Mailing Address 389 Stafford Rd

City Fall River	State MA	Zip Code 02721-2556
--------------------	-------------	------------------------

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

Name of Employer Standard Pharmacy	Occupation 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
03	/	24	/	2015

**Transaction ID : 20150406103818-75**

Amount of Each Receipt this Period  

100.00
--------

**c. Charles D. Cottrell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1121 Belleville Ave  
Ste A

City Brewton	State AL	Zip Code 36426-1505
-----------------	-------------	------------------------

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

Name of Employer Medical Center Pharmacy	Occupation Owner/Manager
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : 20150406103818-76**

Amount of Each Receipt this Period  

416.66
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>616.66</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: (check only one)	PAGE 20 OF 92
<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**

Full Name (Last, First, Middle Initial) <b>A. John L. Croce</b>		Date of Receipt
Mailing Address 360 Delaware Ave		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Delmar	NY	12054-1918
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-79</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Four Corners Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Khalil L. Crouse</b>		Date of Receipt
Mailing Address 401 Main St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lake Village	AR	71653-1799
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-80</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Hunters Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joe A. Dalton</b>		Date of Receipt
Mailing Address PO Box 279		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Slocomb	AL	36375
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-82</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 92
<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. James T. Davis Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 S Main St

City State Zip Code  
Columbiana AL 35051

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

Name of Employer Occupation  
Davis Drug Company 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  
03 / 24 / 2015  
**Transaction ID : 20150406103818-83**

Amount of Each Receipt this Period  
100.00

**B. John N. Debalko**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 S Hancock St

City State Zip Code  
McAdoo PA 18237

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

Name of Employer Occupation  
Standard Drug Store President

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  
03 / 24 / 2015  
**Transaction ID : 20150406103818-85**

Amount of Each Receipt this Period  
100.00

**C. Ron DelGaudio**  
Full Name (Last, First, Middle Initial)

Mailing Address 357 Flatbush Ave

City State Zip Code  
Brooklyn NY 11238-4378

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

Name of Employer Occupation  
Kings Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-89**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 22 OF 92
	(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. Carmen A. Dicello**  
Full Name (Last, First, Middle Initial)

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 Towne Drugs, Inc. Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-90**

Amount of Each Receipt this Period  
 100.00

**B. Tim A. Dittenhoefer**  
Full Name (Last, First, Middle Initial)

Mailing Address 269 Mansion St

City Poughkeepsie State NY Zip Code 12601-2699

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

Name of Employer Smith Street Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-94**

Amount of Each Receipt this Period  
 150.00

**C. Al Dixon Jr.**  
Full Name (Last, First, Middle Initial)

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 Richmond Hill Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-95**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 23 OF 92
	<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	

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**

Full Name (Last, First, Middle Initial) <b>A. Larry Doud</b>		Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-97</b>
Mailing Address PO Box 24389		Amount of Each Receipt this Period 75.00
City Rochester	State NY	Zip Code 14624-0389
FEC ID number of contributing federal political committee. C		
Name of Employer Rochester Drug Cooperative, Inc.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Tim Dreier</b>		Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 20150406103818-99</b>
Mailing Address 117 S Main St		Amount of Each Receipt this Period 250.00
City Shawano	State WI	Zip Code 54166-2357
FEC ID number of contributing federal political committee. C		
Name of Employer Dreier Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Dugger</b>		Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 20150406103818-100</b>
Mailing Address 701 Hobbs Hwy		Amount of Each Receipt this Period 500.00
City Seminole	State TX	Zip Code 79360-3401
FEC ID number of contributing federal political committee. C		
Name of Employer Oswalt Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<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 24 OF 92
	<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. L. Jack Dunn Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 N Main St

City Jasper State GA Zip Code 30143

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

Name of Employer Jasper Drug Store Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-101**

Amount of Each Receipt this Period  
 100.00

**B. Dana Eck**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 S Main St

City Waurika State OK Zip Code 73573-3053

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

Name of Employer Eck Drug And Gift Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 20150406103818-102**

Amount of Each Receipt this Period  
 365.00

**C. Roy E. Elsner**  
Full Name (Last, First, Middle Initial)

Mailing Address 568 Spring Valley Ct

City Spring Creek State NV Zip Code 89815

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

Name of Employer The Pill Box Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-104**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	565.00
<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 25 OF 92
<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. James Ettare II**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1005

City Rustburg State VA Zip Code 24588

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

Name of Employer Rustburg Family Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-105**

Amount of Each Receipt this Period  
 100.00

**B. Aneidi Etuk**  
Full Name (Last, First, Middle Initial)

Mailing Address 2074 Frederick Douglass Blvd

City New York State NY Zip Code 10026

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

Name of Employer Drug Shoppe Llc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-106**

Amount of Each Receipt this Period  
 500.00

**C. Heather Lynn Ferrarese**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 630

City Oxford State NY Zip Code 13830-0630

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

Name of Employer Bartles Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-109**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 26 OF 92
	(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**

Full Name (Last, First, Middle Initial)  
**A. Ryan Flatt**

Mailing Address PO Box 1140

City State Zip Code  
Powell TN 37849-1140

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

Name of Employer Occupation  
Riggs Drug Emory Rd Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-111**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Neal Florence**

Mailing Address PO Box 791

City State Zip Code  
La Fayette GA 30728-0791

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

Name of Employer Occupation  
Medthrift Pharmacy Corp Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-112**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Tsabikos Foutoulis**

Mailing Address 176 Lee Ave

City State Zip Code  
Brooklyn NY 11211

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

Name of Employer Occupation  
S Bros Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-114**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<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 27 OF 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Fami Fozi</b>		Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 20150406103818-115</b>
Mailing Address 2231 Pitkin Ave		Amount of Each Receipt this Period 365.00
City Brooklyn	State NY	Zip Code 11207
FEC ID number of contributing federal political committee. C		
Name of Employer Umamah-Pitkin Pharmacy, Inc.	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Robert B. Frankil</b>		Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-116</b>
Mailing Address 21 Miner Cir		Amount of Each Receipt this Period 100.00
City Collegeville	State PA	Zip Code 19426
FEC ID number of contributing federal political committee. C		
Name of Employer Sellersville Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1115.00	

Full Name (Last, First, Middle Initial) <b>C. Ira N. Freeman</b>		Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-117</b>
Mailing Address 12660 Riverside Dr Ste 100		Amount of Each Receipt this Period 100.00
City Valley Village	State CA	Zip Code 91607-3430
FEC ID number of contributing federal political committee. C		
Name of Employer Key Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	565.00
<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 28 OF 92
	<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. David Fulton Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 N Market St

City Frederick State MD Zip Code 21701

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

Name of Employer Whitesells Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-118**

Amount of Each Receipt this Period  
 100.00

**B. Cheryl L. Garvin**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Catoctin Cir SE Ste C

City Leesburg State VA Zip Code 20175-3612

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

Name of Employer The Compounding Center Occupation President/CEO

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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-122**

Amount of Each Receipt this Period  
 100.00

**C. Lorri Gebo-Shaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 S 4th Ave

City Pocatello State ID Zip Code 83201-6438

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

Name of Employer Shaver Pharmacy & Compounding Center Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-124**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 29 OF 92
	(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**

Full Name (Last, First, Middle Initial)  
**A. Mary Giamartino**

Mailing Address 20 Elliot St

City State Zip Code  
Brattleboro VT 05301-3208

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

Name of Employer Occupation  
The Hotel Pharmacy Inc Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015  
**Transaction ID : 20150406103818-127**

Amount of Each Receipt this Period  
225.00

Full Name (Last, First, Middle Initial)  
**B. Kenneth Giaquinto**

Mailing Address 1 Theall Rd

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
Rye Beach Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-128**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Stephen L. Giroux**

Mailing Address PO Box 188

City State Zip Code  
Middleport NY 14105-0188

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

Name of Employer Occupation  
Middleport Family Health Center Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1198.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2015  
**Transaction ID : 20150406103818-129**

Amount of Each Receipt this Period  
416.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 941.66

**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 30 OF 92
	<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 (Last, First, Middle Initial) <b>A. Michael Gleit</b>			Date of Receipt 03 / 30 / 2015 <b>Transaction ID : 20150406103818-130</b>
Mailing Address 56 7th Ave			Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10011-6672	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer Elm Drugs	Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Norbert H. Graber</b>			Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 20150406103818-132</b>
Mailing Address 22191 Powerline Rd Ste 22C			Amount of Each Receipt this Period 500.00
City Boca Raton	State FL	Zip Code 33433	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer Boca Phcy & Home Hlth Ctr	Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Eric L. Graf</b>			Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-133</b>
Mailing Address 8614 Hartman Rd			Amount of Each Receipt this Period 100.00
City Wadsworth	State OH	Zip Code 44281-9404	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 300.00
Name of Employer Ritzman Pharmacies, Inc.	Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 31 OF 92
	<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. Robert J. Greenwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2104 Kimball Ave  
 City Waterloo State IA Zip Code 50702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenwood Drug, Inc. Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1898.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : 20150406103818-136**  
 Amount of Each Receipt this Period  
 450.00

**B. Robert J. Greenwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2104 Kimball Ave  
 City Waterloo State IA Zip Code 50702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenwood Drug, Inc. Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1898.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-137**  
 Amount of Each Receipt this Period  
 416.66

**C. Joseph H. Harmison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 152643  
 City Arlington State TX Zip Code 76015-8643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harmison Pharmacies, L.C. Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-144**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1016.66
<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 32 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Brad N. Harth</b>		Date of Receipt
Mailing Address 1134 Washington St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Tell City IN 47586-1827		<b>Transaction ID : 20150406103818-146</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Smith Drug Company Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ronna B. Hauser</b>		Date of Receipt
Mailing Address 100 Daingerfield Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Alexandria VA 22314		<b>Transaction ID : 20150406103818-147</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation National Community Pharmacists Associa Pharmacist		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="240.00"/>

Full Name (Last, First, Middle Initial) <b>C. H. Edward Heckman</b>		Date of Receipt
Mailing Address 160 Business Park Cir		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Stoughton WI 53589-3392		<b>Transaction ID : 20150406103818-149</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation PAAS National Owner/Manager		<input type="text" value="416.65"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="416.65"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="596.65"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 92
	<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. Raymond Greg Hickman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 965

City State Zip Code  
Monroe GA 30655-0965

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

Name of Employer Occupation  
Carmichael Drugs Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-151**

Amount of Each Receipt this Period  
100.00

**B. brian Douglas Hoey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Emerald Dr

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
National Community Pharmacists Associa Senior Vice President & Chief Operatin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-154**

Amount of Each Receipt this Period  
416.66

**C. Karen L. Hogue**  
Full Name (Last, First, Middle Initial)

Mailing Address 76-78 W Market St

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Market Street Apothecary LLC Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-156**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 641.66

**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 34 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jack Holt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 916 W Evergreen Blvd  
 City Vancouver State WA Zip Code 98660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hi-School Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 815.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : 20150406103818-158**  
 Amount of Each Receipt this Period 365.00

**B. Jack Holt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 916 W Evergreen Blvd  
 City Vancouver State WA Zip Code 98660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hi-School Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 815.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : 20150406103818-159**  
 Amount of Each Receipt this Period 450.00

**C. Edmund R. Horton**  
 Full Name (Last, First, Middle Initial)  
 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 Tanglewood Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-160**  
 Amount of Each Receipt this Period 416.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1231.67  
**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 35 OF 92
	(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. Edmund R. Horton**  
Full Name (Last, First, Middle Initial)

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 Tanglewood Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : 20150406103818-161**

Amount of Each Receipt this Period  
416.67

**B. Brian M. Hose**  
Full Name (Last, First, Middle Initial)

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 Sharpsburg Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-162**

Amount of Each Receipt this Period  
100.00

**C. Walter M. Hughes Jr.**  
Full Name (Last, First, Middle Initial)

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 Sadler-Hughes Apothecary Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-163**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 616.67

**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 36 OF 92
	(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. Ralph B. Hunter**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 797

City Richlands	State NC	Zip Code 28574-0797
-------------------	-------------	------------------------

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

Name of Employer Big Value Discount Drug Center	Occupation 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
03	/	24	/	2015

**Transaction ID : 20150406103818-164**

Amount of Each Receipt this Period  

100.00
--------

**B. Jabir Husain**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1526 Cortelyou Rd

City Brooklyn	State NY	Zip Code 11226
------------------	-------------	-------------------

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

Name of Employer Greenfield Pharmacy	Occupation 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
03	/	24	/	2015

**Transaction ID : 20150406103818-166**

Amount of Each Receipt this Period  

100.00
--------

**C. Chad O. Isaacs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1029 Copper Oaks Dr

City Carl Junction	State MO	Zip Code 64834
-----------------------	-------------	-------------------

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

Name of Employer Stone'S Corner Pharmacy	Occupation Owner/Manager
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : 20150406103818-167**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</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: (check only one)	PAGE 37 OF 92
	<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. Fletcher E. Johnston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 278 Highway 24  
 Ste M  
 City Morehead City State NC Zip Code 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Park Phcy W Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-173**  
 Amount of Each Receipt this Period  
 100.00

**B. Eric T. Juergens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 N Fountain Ave  
 City Springfield State OH Zip Code 45504-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madison Avenue Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-175**  
 Amount of Each Receipt this Period  
 100.00

**C. Ira Katz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Gateside PI SE  
 City Marietta State GA Zip Code 30067-4094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Little Five Points Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-176**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 38 OF 92
	<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**

Full Name (Last, First, Middle Initial)  
**A. Samantha Kelly**

Mailing Address 1 S Bay Ave

City Beach Haven State NJ Zip Code 08008-1794

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

Name of Employer Kaplers Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : 20150406103818-178**

Amount of Each Receipt this Period  
 450.00

Full Name (Last, First, Middle Initial)  
**B. E. Harold Kemp**

Mailing Address 107 S Duval St

City Claxton State GA Zip Code 30417-2029

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

Name of Employer Kemps Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-179**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Kenneth G. Kingston**

Mailing Address 4906 Ambassador Caffery Pkwy Ste 100

City Lafayette State LA Zip Code 70508-3871

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

Name of Employer Family Pharmacy Services Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : 20150406103818-182**

Amount of Each Receipt this Period  
 450.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 39 OF 92
	<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. Mark E. Kinney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 532 Orchard Way  
 City Louisville State CO Zip Code 80027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Independent Pharmacy Cooperative Occupation Vice President of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-183**  
 Amount of Each Receipt this Period 100.00

**B. Sherwood Klein Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6133 Route 219 S Ste 1004  
 City Ellicottville State NY Zip Code 14731-0368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ellicottville Pharmacy Inc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-184**  
 Amount of Each Receipt this Period 200.00

**C. Richard Klenk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8770 Haley Ct  
 City Clarence Center State NY Zip Code 14032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Park Pharmacy, Inc. Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 20150406103818-185**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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 40 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Larry A. Krohn</b>		Date of Receipt
Mailing Address 1110 Cowan Rd		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Gulfport MS 39507		<b>Transaction ID : 20150406103818-188</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Beach Pharmacy Owner/Manager		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Badrinath A. Kumar</b>		Date of Receipt
Mailing Address 4915 BRdway		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code New York NY 10034		<b>Transaction ID : 20150406103818-189</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Inwood Pharmacy Supervising Pharmacist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Chester A. Kuykendall Jr.</b>		Date of Receipt
Mailing Address 500 W Commercial St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Ozark AR 72949-0292		<b>Transaction ID : 20150406103818-191</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Village Pharmacy Owner/Manager		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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 92
<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. John D. Lassiter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3252 SE 29th St  
City State Zip Code  
Del City OK 73115-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lassiter Drug Occupation 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  
03 / 24 / 2015  
**Transaction ID : 20150406103818-195**  
Amount of Each Receipt this Period  
150.00

**B. Shonda K. Lassiter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3252 SE 29th St  
City State Zip Code  
Del City OK 73115-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lassiter Drug Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-196**  
Amount of Each Receipt this Period  
365.00

**C. George Launius**  
Full Name (Last, First, Middle Initial)  
Mailing Address 218 S Main St  
City State Zip Code  
Madison GA 30650-1303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thrifty Mac Discount Drug Inc Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-197**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1015.00
<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 42 OF 92
	<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. Patrick F. Lavella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 Hardwood Dr  
 City Venetia State PA Zip Code 15367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-198**  
 Amount of Each Receipt this Period  
 100.00

**B. Emily Layne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 335 Cedar Ave  
 City South Pittsburg State TN Zip Code 37380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Drug Store Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-201**  
 Amount of Each Receipt this Period  
 1000.00

**C. Sharlea Leatherwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7275 N Oak Trfy  
 City Gladstone State MO Zip Code 64188-8444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Great Oak Pharmacy Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 26 / 2015  
**Transaction ID : 20150406103818-204**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 43 OF 92
	<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 (Last, First, Middle Initial) <b>A. Robert A. Ledbetter</b>		Date of Receipt
Mailing Address 70 Memorial Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dahlonega	GA	30533-0800
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150406103818-206</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Dahlonega Pharmacy Inc	Vice President	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Deanna D. Leikach</b>		Date of Receipt
Mailing Address 2025 Suffolk Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Finksburg	MD	21048-1633
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150406103818-208</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Finksburg Pharmacy Inc	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Neil Leikach</b>		Date of Receipt
Mailing Address 6350 Frederick Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Baltimore	MD	21228-2305
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150406103818-209</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Catonsville Pharmacy Llc	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 92
	<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. Thomas J. Liautaud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 W Temple St  
 City Los Angeles State CA Zip Code 90026-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Medical Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-211**  
 Amount of Each Receipt this Period 100.00

**B. J. Thomas Lindsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 98  
 City Omega State GA Zip Code 31775-0098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Omega Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 20150406103818-212**  
 Amount of Each Receipt this Period 2000.00

**C. Richard N. Logan Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 L And S Discount Phcy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-213**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<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 45 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Brian S. Loucks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Center St  
 City State Zip Code  
 Cuba NY 14727-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cuba Pharmacy Owner/Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-214**  
 Amount of Each Receipt this Period  
 500.00

**B. Brandall S. Lovvorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 Alabama Ave S  
 City State Zip Code  
 Bremen GA 30110-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lovvorn Drug Co Owner/Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-215**  
 Amount of Each Receipt this Period  
 500.00

**C. Jeffrey L. Lurey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1082 Judith Way NE  
 City State Zip Code  
 Atlanta GA 30324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Georgia Academy of Independent Pharmac Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-216**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1250.00  
**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 46 OF 92  
(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)  
**National Community Pharmacists Association - PAC**

**A. Raymond Macioci**  
Full Name (Last, First, Middle Initial)  
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 Pilgrim Pharmacy Inc Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-218**  
Amount of Each Receipt this Period 100.00

**B. Claire B. Mackiewicz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 N Main St  
City Holland State NY Zip Code 14080-9509  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Holland Pharmacy Inc Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-219**  
Amount of Each Receipt this Period 100.00

**C. Robert L. Maher Sr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 45  
City Patton State PA Zip Code 16668-0045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Patton Pharmacy And V And S Variety Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-221**  
Amount of Each Receipt this Period 100.00

**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 47 OF 92
	<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. Nasir Mahmood**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 339

City Pine Plains State NY Zip Code 12567-0339

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

Name of Employer Pine Plains Pharmacy Inc Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-222**

Amount of Each Receipt this Period  
 100.00

**B. Boris Mantell**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 50 Crescent St

City Long Island City State NY Zip Code 11101

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

Name of Employer Rxcare Providers Corp Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-224**

Amount of Each Receipt this Period  
 1000.00

**C. Sonia E. Martinez**  
Full Name (Last, First, Middle Initial)

Mailing Address 6627 S Dixie Hwy

City Miami State FL Zip Code 33143

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

Name of Employer Marco Drugs & Compounding Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-226**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1600.00

**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 48 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Ronald G. Matthews</b>		Date of Receipt
Mailing Address 101 Canal St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Ellenville	NY	12428-1403
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-227</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Matthews Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William V. Mattson</b>		Date of Receipt
Mailing Address 2800 N Sheridan Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60657-6156
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-228</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
Stone Medical Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. George M. McAlanis</b>		Date of Receipt
Mailing Address 242 Market St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Millersburg	PA	17061
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-229</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Millersburg Pharmacy Inc	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Leigh McConchie</b>		Date of Receipt
Mailing Address 1 Main St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lake Luzerne	NY	12846
FEC ID number of contributing federal political committee.		Transaction ID : <b>20150406103818-231</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Stone's Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Marvin O. McCord</b>		Date of Receipt
Mailing Address 7890 Jett Ferry Rd		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Atlanta	GA	30350-4716
FEC ID number of contributing federal political committee.		Transaction ID : <b>20150406103818-232</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Concord Incorporated	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Larry T. McIntosh</b>		Date of Receipt
Mailing Address 10227 Hartshill Ln		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Saint Louis	MO	63128
FEC ID number of contributing federal political committee.		Transaction ID : <b>20150406103818-234</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="450.00"/>
Name of Employer	Occupation	
Pharmax Pharmacy #1302	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Larry T. McIntosh</b>		Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-233</b>
Mailing Address 10227 Hartshill Ln		Amount of Each Receipt this Period 100.00
City Saint Louis	State MO	Zip Code 63128
FEC ID number of contributing federal political committee. C	Name of Employer Pharmax Pharmacy #1302	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. Randy K. Meents</b>		Date of Receipt 03 / 25 / 2015 <b>Transaction ID : 20150406103818-237</b>
Mailing Address PO Box 158		Amount of Each Receipt this Period 500.00
City Greenfield	State MO	Zip Code 65661-0158
FEC ID number of contributing federal political committee. C	Name of Employer Greenfield Pharmacy	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Lonnie L. Meredith</b>		Date of Receipt 03 / 24 / 2015 <b>Transaction ID : 20150406103818-238</b>
Mailing Address 100 S Avenue E		Amount of Each Receipt this Period 200.00
City Haskell	State TX	Zip Code 79521-0528
FEC ID number of contributing federal political committee. C	Name of Employer The Drug Store	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 51 OF 92
	<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. Kerry S. Milano**  
Full Name (Last, First, Middle Initial)

Mailing Address 3544 W Esplanade Ave

City Metairie State LA Zip Code 70002

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

Name of Employer Giuffria Inc /Chateau Drugs Occupation 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  
**03 / 24 / 2015**

**Transaction ID : 20150406103818-239**

Amount of Each Receipt this Period  
**150.00**

**B. David M. Miller**  
Full Name (Last, First, Middle Initial)

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 Miller's of Wyckoff, Inc. Occupation 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  
**03 / 24 / 2015**

**Transaction ID : 20150406103818-240**

Amount of Each Receipt this Period  
**100.00**

**C. Drew Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Laramie Rd

City Griffin State GA Zip Code 30224

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

Name of Employer Wynn's Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 25 / 2015**

**Transaction ID : 20150406103818-241**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</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 52 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Laird Miller</b>		Date of Receipt
Mailing Address 4515 Arlington Ct		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Gainesville	GA	30506
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150406103818-242</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Medical Park Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Thomas L. Miller</b>		Date of Receipt
Mailing Address PO Box 157		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Topeka	IN	46571-0157
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150406103818-244</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Topeka Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Martin B. Mintz</b>		Date of Receipt
Mailing Address 6701 Harford Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Baltimore	MD	21234
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150406103818-245</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Northern Pchy And Med Equipment	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 92
	<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. Joseph Scott Miskovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box A  
 City State Zip Code  
 Forest City PA 18421-0130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Red Cross Pharmacy 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-246**  
 Amount of Each Receipt this Period  
 100.00

**B. Eddie Jack Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 E Main St  
 PO Box 2798  
 City State Zip Code  
 Mountain View AR 72560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mitchell'S Main Street Pharmacy Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-247**  
 Amount of Each Receipt this Period  
 250.00

**C. Steven F. Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Montcalm Ave  
 City State Zip Code  
 Plattsburgh NY 12901-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Condo Pharmacy 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-253**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 54 OF 92
<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**

Full Name (Last, First, Middle Initial) <b>A. William O. Moore</b>		Date of Receipt
Mailing Address 101 W Sinton St Ste B		M M M / D D D / Y Y Y Y Y Y 03 / 24 / 2015
City Sinton	State TX	Zip Code 78387-2552
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 20150406103818-254</b>
Name of Employer Moores Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		600.00

Full Name (Last, First, Middle Initial) <b>B. William W. Moose Jr.</b>		Date of Receipt
Mailing Address PO Box 67		M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2015
City Mt Pleasant	State NC	Zip Code 28124-0067
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 20150406103818-256</b>
Name of Employer Moose Drug Company		Amount of Each Receipt this Period
Occupation Owner/Manager		225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		600.00

Full Name (Last, First, Middle Initial) <b>C. William W. Moose Jr.</b>		Date of Receipt
Mailing Address PO Box 67		M M M / D D D / Y Y Y Y Y Y 03 / 24 / 2015
City Mt Pleasant	State NC	Zip Code 28124-0067
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 20150406103818-255</b>
Name of Employer Moose Drug Company		Amount of Each Receipt this Period
Occupation Owner/Manager		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<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 55 OF 92
	(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. Michael Morelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 883 9th Ave

City New York State NY Zip Code 10019-1704

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

Name of Employer Arrow Pharmacy Inc Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-257**

Amount of Each Receipt this Period  
 100.00

**B. Deann Mullins**  
Full Name (Last, First, Middle Initial)

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 Mullins Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-258**

Amount of Each Receipt this Period  
 150.00

**C. David E. Nicklas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1442 N Harrison Ave

City Shawnee State OK Zip Code 74801-5208

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

Name of Employer Harrison Discount Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-262**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 56 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Gregory Notaro</b>		Date of Receipt
Mailing Address 1769 Orchard Park Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code West Seneca NY 14224-4624		<b>Transaction ID : 20150406103818-263</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Union Medical Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Gerard O'Hare</b>		Date of Receipt
Mailing Address 66 W Pike St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Canonsburg PA 15317-1314		<b>Transaction ID : 20150406103818-264</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer Jeffrey's Drug Store, Inc.	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Tony Ogden</b>		Date of Receipt
Mailing Address 6415 Sands Dr		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Pasadena TX 77505-3841		<b>Transaction ID : 20150406103818-265</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="416.66"/>
Name of Employer Groeway Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1249.98"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="666.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 92
	<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. Anthony Ortiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 8416 Kennedy Blvd

City North Bergen State NJ Zip Code 7047

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

Name of Employer Atlas Drug And Nutrition Occupation 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  
**03 / 24 / 2015**

**Transaction ID : 20150406103818-266**

Amount of Each Receipt this Period  
**200.00**

**B. Bill E. Osborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 W Central Ave

City Miami State OK Zip Code 74354

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

Name of Employer Osborn Drugs, Inc. Occupation Vice President

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  
**03 / 24 / 2015**

**Transaction ID : 20150406103818-267**

Amount of Each Receipt this Period  
**100.00**

**C. Anne Pace**  
Full Name (Last, First, Middle Initial)

Mailing Address 5008 Kavanaugh Blvd

City Little Rock State AR Zip Code 72207

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

Name of Employer Kavanaugh Pharmacy Occupation Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 25 / 2015**

**Transaction ID : 20150406103818-268**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**

**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 92
	<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. Paul B. Pagnotta**  
 Full Name (Last, First, Middle Initial)  
 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 Four Corners Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-270**  
 Amount of Each Receipt this Period  
 100.00

**B. Steven Pardi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Central Ave  
 City Ilion State NY Zip Code 13357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scripts Plus, Inc. Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-272**  
 Amount of Each Receipt this Period  
 365.00

**C. Kari Pastorek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 E 12th St  
 City Grafton State ND Zip Code 58237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grafton Drug Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-273**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	565.00
<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 59 OF 92
	<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. Rahul M. Patel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 897  
 City Wurtsboro State NY Zip Code 12790-0897  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wurtsboro Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-275**  
 Amount of Each Receipt this Period  
 500.00

**B. Alex Perchuk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 Avenue P FI 2  
 City Brooklyn State NY Zip Code 11229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thriftway Pharmacy Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-279**  
 Amount of Each Receipt this Period  
 365.00

**C. Brian Joseph Petrucci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 E 20th St  
 City Crane State TX Zip Code 79731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Crane Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-280**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	965.00
<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 60 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Steven Pfister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Rd  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Community Pharmacists Associa Occupation Sr. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 20150406103818-281**  
 Amount of Each Receipt this Period 200.00

**B. Martin E. Pietruszewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2818 Delaware Ave  
 City Kenmore State NY Zip Code 14217-2704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kenmore Rx Center Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 20150406103818-282**  
 Amount of Each Receipt this Period 365.00

**C. Jeff Pippenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 S Main St  
 City Eufaula State OK Zip Code 74432-3251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eufaula Pharmacy, Inc. Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 20150406103818-283**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1065.00  
**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 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Larry D. Plunk Jr.</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-284</b>
Mailing Address 8455 9th Ave		Amount of Each Receipt this Period 100.00
City Port Arthur	State TX	Zip Code 77642
FEC ID number of contributing federal political committee. C		
Name of Employer King's Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Peter A. Pogany</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-285</b>
Mailing Address 611 Park Ave		Amount of Each Receipt this Period 100.00
City Plainfield	State NJ	Zip Code 07060-1612
FEC ID number of contributing federal political committee. C		
Name of Employer Rapps Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dared L. Price</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-286</b>
Mailing Address 905 Main St		Amount of Each Receipt this Period 100.00
City Winfield	State KS	Zip Code 67156-3604
FEC ID number of contributing federal political committee. C		
Name of Employer Graves Drug	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 62 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dennis R. Princing**

Mailing Address 333 S Michigan Ave

City State Zip Code  
 Saginaw MI 48602-2024

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

Name of Employer Occupation  
 Princing's Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-288**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Jim Pritchard**

Mailing Address 205 Rawson Rd

City State Zip Code  
 Sand Springs OK 74063

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

Name of Employer Occupation  
 Spoon Drugs Inc Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : 20150406103818-289**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Steve Pryor**

Mailing Address 2301 Nicholas Oaks Dr

City State Zip Code  
 Enid OK 73701-4103

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

Name of Employer Occupation  
 Scheffe Prescription Shop Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-290**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 92
	<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 (Last, First, Middle Initial) <b>A. Anthony T. Pudlo</b>		Date of Receipt
Mailing Address 1400 SE Rosenkranz Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Waukee IA 50263		<b>Transaction ID : 20150406103818-291</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Iowa Pharmacy Association Clinical Coordinator		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>B. John Quinlan</b>		Date of Receipt
Mailing Address 107 N Main St Ste B		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Wayland NY 14572		<b>Transaction ID : 20150406103818-293</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Quinlans Ltc Pharmacy And Quinlans Pha Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Thomas M. Quinlan</b>		Date of Receipt
Mailing Address 336 W Main St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Montour Falls NY 14865		<b>Transaction ID : 20150406103818-294</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Quinlan's Pharmacy Inc. Owner/Manager		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="665.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 92
	(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. Stuart Rabinowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 194 Beach 116th St

City State Zip Code  
Rockaway Park NY 11694

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

Name of Employer Occupation  
Rockaway Drugs, Inc. Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-295**

Amount of Each Receipt this Period  
100.00

**B. Richard Rasmuson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 E 200 S

City State Zip Code  
Salt Lake City UT 84102-2604

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

Name of Employer Occupation  
University Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-297**

Amount of Each Receipt this Period  
100.00

**C. Scott A. Rayl**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 S Huron Ave

City State Zip Code  
Harbor Beach MI 48441-1201

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

Name of Employer Occupation  
Harbor Drug Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 11 / 2015  
**Transaction ID : 20150406103818-299**

Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**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 65 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Scott A. Rayl</b>		Date of Receipt
Mailing Address 114 S Huron Ave		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Harbor Beach	MI	48441-1201
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-298</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Harbor Drug	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rebecca Reed</b>		Date of Receipt
Mailing Address 814 W Broadway St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Ardmore	OK	73401-4527
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-301</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Reed Family Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Harold K. Reich</b>		Date of Receipt
Mailing Address 39 W 10th St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Tracy	CA	95376-3901
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-302</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Harold K Reichs Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 92
	<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. Kristen Leianne Riddle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1270 Dons Ln  
 City Conway State AR Zip Code 72032-2709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Compounding Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-304**  
 Amount of Each Receipt this Period  
 100.00

**B. Mark S. Riley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 S Victory St  
 City Little Rock State AR Zip Code 72201-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arkansas Pharmacists Association Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-305**  
 Amount of Each Receipt this Period  
 100.00

**C. Hugh Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 338  
 City Mc Caysville State GA Zip Code 30555-0338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McCaysville Drug Center Inc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-307**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 67 OF 92
	(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. Ivan Saiff**  
Full Name (Last, First, Middle Initial)

Mailing Address 7401 Lahana Cir

City Boynton Beach State FL Zip Code 33437-7172

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

Name of Employer Saiff Drugs Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-310**

Amount of Each Receipt this Period  
 150.00

**B. Dean R. Salyer**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 272  
10560 Rte 19

City Fillmore State NY Zip Code 14735-0272

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

Name of Employer Fillmore And Fisher Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 20150406103818-311**

Amount of Each Receipt this Period  
 500.00

**C. Rick A. Schaeper**  
Full Name (Last, First, Middle Initial)

Mailing Address 4187 Hamilton Ave

City Cincinnati State OH Zip Code 45223-2245

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

Name of Employer Schaeper's Northside Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-314**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 68 OF 92
	(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. Kevin Schweers**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer National Community Pharmacists Associa Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-316**

Amount of Each Receipt this Period  
 100.00

**B. Kelly Selby**  
Full Name (Last, First, Middle Initial)

Mailing Address 4400 Teasley Ln Ste 100

City Denton State TX Zip Code 76210

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

Name of Employer Community Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-318**

Amount of Each Receipt this Period  
 250.00

**C. Joshua R. Sheffield**  
Full Name (Last, First, Middle Initial)

Mailing Address 3001 S Mansfield Ave

City Del City State OK Zip Code 73115

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

Name of Employer Comfort Care Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-322**

Amount of Each Receipt this Period  
 100.00

**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:	PAGE 69 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Tim Short</b>		Date of Receipt
Mailing Address PO Box 835 2515 Business Dr		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Cumming	GA	30028-4394
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Sawnee Drug Co	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. Darrin W. Silbaugh</b>		Date of Receipt
Mailing Address 120 Willow Lake Dr		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Carlisle	PA	17015-9033
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Harrisburg Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1190.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="225.00"/>

Full Name (Last, First, Middle Initial) <b>C. Darrin W. Silbaugh</b>		Date of Receipt
Mailing Address 120 Willow Lake Dr		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Carlisle	PA	17015-9033
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Harrisburg Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1190.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Troy A. Simons</b>			Date of Receipt
Mailing Address PO Box 89			<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150406103818-328</b>
Perry	OK	73077-0089	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
Foster Corner Drug	Owner/Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Rodney Skinner</b>			Date of Receipt
Mailing Address 2401 Weycroft			<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150406103818-329</b>
Enid	OK	73703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Scheffe Prescription Shops	Pharmacist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mathew P. Slakoper</b>			Date of Receipt
Mailing Address 701 Bristol Pike			<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150406103818-330</b>
Croydon	PA	19021-5412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Mats Pharmacy	Owner/Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. David M. Smith</b>		Date of Receipt
Mailing Address 155 Main St		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Brookville	PA	15825-1281
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-332</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="450.00"/>
Name of Employer	Occupation	
Means - Lauf Super Drug	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David M. Smith</b>		Date of Receipt
Mailing Address 155 Main St		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Brookville	PA	15825-1281
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-331</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Means - Lauf Super Drug	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Donald R. Smith</b>		Date of Receipt
Mailing Address 802 E Medical Ct		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Post Falls	ID	83854-7298
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-333</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
Medicine Man West Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 72 OF 92
	<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. Krystal S. Soo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2822 E Nettleton Ave  
 City Jonesboro State AR Zip Code 72401-4534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Soo's Drug Store. Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 20150406103818-338**  
 Amount of Each Receipt this Period  
 250.00

**B. David Spence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 E Mulberry St  
 City Angleton State TX Zip Code 77515-3804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medicine Shoppe Pharmacy Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-339**  
 Amount of Each Receipt this Period  
 100.00

**C. James O. Spoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 N Old North Pl  
 City Sand Springs State OK Zip Code 74063-7805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spoon Drug / T.R.B. Drugs, Inc. Occupation 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  
 03 / 24 / 2015  
**Transaction ID : 20150406103818-340**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 73 OF 92
	(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. Dean Stone Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 S Leroy St  
City Metter State GA Zip Code 30439-4631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IHS Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015  
**Transaction ID : 20150406103818-343**  
Amount of Each Receipt this Period  
250.00

**B. Michael L. Stuart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18565 Business 13  
City Branson West State MO Zip Code 65737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lakeland Pharmacy Occupation President/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  
03 / 24 / 2015  
**Transaction ID : 20150406103818-344**  
Amount of Each Receipt this Period  
150.00

**C. Brian F. Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 909 E Centennial Dr  
City Pittsburg State KS Zip Code 66762  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lindburg Pharmacy Inc Occupation Manager/ 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  
03 / 24 / 2015  
**Transaction ID : 20150406103818-345**  
Amount of Each Receipt this Period  
100.00

**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 74 OF 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Rehme Sutton</b>		Date of Receipt
Mailing Address 2445 Northwest Loop Ste A		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Stephenville TX 76401		<b>Transaction ID : 20150406103818-347</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Tanglewood Pharmacy Pharmacist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ernie Leon Sykora</b>		Date of Receipt
Mailing Address 1702 Crestview Ave		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Muskogee OK 74401		<b>Transaction ID : 20150406103818-348</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Ernie's Pharmacy Owner/Manager		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mark J. Theobald</b>		Date of Receipt
Mailing Address PO Box 62134		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City State Zip Code Fort Myers FL 33906-9987		<b>Transaction ID : 20150406103818-349</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Mail Meds Clinical Pharmacy Vice President		<input type="text" value="450.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="900.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 75 OF 92
	<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. Virgil F. Todd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10321 SE 55th St  
 City Oklahoma City State OK Zip Code 73150-4521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Rock Community Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 24 / 2015**  
**Transaction ID : 20150406103818-350**  
 Amount of Each Receipt this Period **100.00**

**B. Rosemarie Tomassetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 454 5th Ave  
 City Brooklyn State NY Zip Code 11234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neergaard Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : 20150406103818-351**  
 Amount of Each Receipt this Period **500.00**

**C. Paul A. Turner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 700  
 City Inola State OK Zip Code 74036-0700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inola Drug Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 24 / 2015**  
**Transaction ID : 20150406103818-354**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**  
**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 76 OF 92
	<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 (Last, First, Middle Initial) <b>A. Lisa Umfleet</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-357</b>
Mailing Address 617 N Cowling St Ste G		Amount of Each Receipt this Period 100.00
City Desloge	State MO	Zip Code 63601
FEC ID number of contributing federal political committee.	C	
Name of Employer Parkland Health Mart Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Luke D. Vander Bleek</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-358</b>
Mailing Address 124 E Main St		Amount of Each Receipt this Period 100.00
City Morrison	State IL	Zip Code 61270-2638
FEC ID number of contributing federal political committee.	C	
Name of Employer Fitzgerald Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Chhagan Vasoya</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-359</b>
Mailing Address 752 E Arrow Hwy		Amount of Each Receipt this Period 100.00
City Pomona	State CA	Zip Code 91767-2247
FEC ID number of contributing federal political committee.	C	
Name of Employer Express Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 77 OF 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Carol Wallace</b>		Date of Receipt
Mailing Address PO Box 70		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Winchester	TN	37398
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-362</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Bennetts Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Scott E. Watts</b>		Date of Receipt
Mailing Address 9101 Mendenhall Mall Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Juneau	AK	99801
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-364</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Rons Apothecary Shoppe Phcy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paula Wells</b>		Date of Receipt
Mailing Address 922 Iowa St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Neodesha	KS	66767
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150406103818-368</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Porter Drugs	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 78 OF 92
<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**

Full Name (Last, First, Middle Initial) <b>A. Brian West</b>		Date of Receipt
Mailing Address 18052 Ness Rd		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Parsons	State KS	Zip Code 67357
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150406103818-371</b>
Name of Employer Bowen Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Robert Westbrook</b>		Date of Receipt
Mailing Address 1400 State Route 125		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City Amelia	State OH	Zip Code 45102-2650
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150406103818-373</b>
Name of Employer The Pill Box		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="515.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Dirk White</b>		Date of Receipt
Mailing Address 117 Granite Creek Rd Ste 201		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City Sitka	State AK	Zip Code 99835
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150406103818-374</b>
Name of Employer Whites Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="450.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 79 OF 92
	<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. Kyle Whitehead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1108 W Willow Rd

City	State	Zip Code
Enid	OK	73703-2503

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

Name of Employer	Occupation
Evans Pharmacy	Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : 20150406103818-375**

Amount of Each Receipt this Period  
500.00

**B. Gary Wientjes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Medical Cir

City	State	Zip Code
Morehead	KY	40351-1100

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

Name of Employer	Occupation
Total Care Pharmacy #6	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
03	/	24	/	2015

**Transaction ID : 20150406103818-376**

Amount of Each Receipt this Period  
100.00

**C. Robin Willmott**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 346  
/ 27 Franklin St

City	State	Zip Code
Springville	NY	14141

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

Name of Employer	Occupation
Quality Care Pharmacies	Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : 20150406103818-378**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 80 OF 92
	(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**

Full Name (Last, First, Middle Initial) <b>A. Justin B. Wilson</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-379</b>
Mailing Address 1212 S Douglas Blvd Ste A		Amount of Each Receipt this Period 100.00
City Midwest City	State OK	Zip Code 73130-5213
FEC ID number of contributing federal political committee. C		
Name of Employer Valu-Med Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Lonny D. Wilson</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 <b>Transaction ID : 20150406103818-382</b>
Mailing Address PO Box 16430		Amount of Each Receipt this Period 675.00
City Oklahoma City	State OK	Zip Code 73113
FEC ID number of contributing federal political committee. C		
Name of Employer Pharmacy Providers of Oklahoma, Inc.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

Full Name (Last, First, Middle Initial) <b>C. Lonny D. Wilson</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 <b>Transaction ID : 20150406103818-381</b>
Mailing Address PO Box 16430		Amount of Each Receipt this Period 200.00
City Oklahoma City	State OK	Zip Code 73113
FEC ID number of contributing federal political committee. C		
Name of Employer Pharmacy Providers of Oklahoma, Inc.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	975.00
<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 81 OF 92
	<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 (Last, First, Middle Initial)  
**A. Terry Wingo**

Mailing Address 8 Parade St NW  
Ste 100

City Huntsville State AL Zip Code 35806

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

Name of Employer Madison Drugs Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-383**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Bruce D. Wood**

Mailing Address 207 E Scott St

City Tuscola State IL Zip Code 61953

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

Name of Employer Dicks Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-385**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Ryan Wyssmann**

Mailing Address 102 W Noble Ave

City Guthrie State OK Zip Code 73044

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

Name of Employer Cornwell Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 20150406103818-389**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	64953.29

**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"/> 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	<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. American Express**

Mailing Address American Expressway

City Ft. Lauderdale State FL Zip Code 33337

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

/  /

**Transaction ID : V6A9B6B9BF787645CC65**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Transfirst**

Mailing Address 12202 Airport Way  
Suite 100

City Broomfield State CO Zip Code 80021

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

/  /

**Transaction ID : V1954AC2A8229ED45BF7**

Amount of Each Disbursement this Period

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

/  /

Amount of Each Disbursement this Period

**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"/> 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	<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. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Blue Dog Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : 008C963108284D3C592**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Blum for Congress**

Mailing Address 2728 Asbury Road Suite 400

City Dubuque State IA Zip Code 52001

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rodney Leland Blum**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : D006FE6D90848BA17DC**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Buddy Carter for Congress**

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401-2754

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Earl L. B. Carter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 103922A4B7EA593EB48**

Amount of Each Disbursement this Period

5000.00

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

12500.00

**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"/> 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	<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. Buddy Carter for Congress**

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401-2754

Purpose of Disbursement  
2016 General

011

Candidate Name

**Earl L. B. Carter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : 0EE46F19121EA107321**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Butterfield for Congress**

Mailing Address 434 Fayetteville Street  
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**G. K. Butterfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 473DE16E444194943B6**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Collins for Congress**

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Douglas Allen Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : C16D605AB47EC75E29B**

Amount of Each Disbursement this Period

5000.00

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

8500.00

**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"/> 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	<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. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2015 Contribution

011

Candidate Name  
Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : BD11BB63EA4C87D9F31

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Cramer for Congress**

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502-0396

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kevin John Cramer**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: ND District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : B5D913D932D5D7962AC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Andrew Boehner**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : A60E138C48D39635BE1

Amount of Each Disbursement this Period

5000.00

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

11000.00

**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"/> 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	<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. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NM District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : 7C6387D6C50DD8837ED

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Charles E. Schumer**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : 59BAA0549BDD60A9F86

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Charles E. Grassley**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IA District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 1B31161483152CAD3EE

Amount of Each Disbursement this Period

1000.00

**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"/> 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	<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. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : E2854D9E34FD172255D**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Loeb sack for Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**David Wayne Loeb sack**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : E81CDAF55A9121D2E4B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Lou Barletta for Congress**

Mailing Address PO Box 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Louis J. Barletta**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : B6898596CEA736ED400**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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"/> 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	<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. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Lynn Michelle Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : B44A1176B1C9AB91329**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Morgan Griffith for Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**H. Morgan Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : C5C1AC5EED334D79ED3**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 140A98D4C057C95ED4C**

Amount of Each Disbursement this Period

2500.00

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

8500.00

**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"/> 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	<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. Peterson for Congress**

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code  
Detroit Lakes MN 56502

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Collin Clark Peterson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 05ADC0F27241BF44DE7

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Republican Mainstreet Partnership PAC**

Mailing Address C/O G & W 2201 Wisconsin Ave., NW  
Suite 320

City State Zip Code  
Washington DC 20007

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Republican Mainstreet Partnership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : 8D9200FC88DCF29CB37

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Tuesday Group Political Action Committee**

Mailing Address 209 Pennsylvania Avenue, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Tuesday Group Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 5B7A384994CFFA8E7FA

Amount of Each Disbursement this Period

5000.00

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

11500.00

**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"/> 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	<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. Upton for All of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Fredrick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

Transaction ID : A4AB7DB5D18A42D1575

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Value in Electing Women Political Action Committee**

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Value in Electing Women Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

Transaction ID : 7D6DA7DC08073B3FC14

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Westmoreland for Congress**

Mailing Address PO Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Lynn A. Westmoreland**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

Transaction ID : 160EA63CFC36F973260

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 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	<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. Whitfield for Congress Committee**

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Edward Whitfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : 71DA2D5B72672445EFC**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

2500.00

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

71500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Stephen L. Giroux**

Mailing Address PO Box 188

City Middleport State NY Zip Code 14105-0188

Purpose of Disbursement  
Refund of portion of 1/26/15 Contribution

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : B4CB9AEFD3FD160BCEA

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

**B. David Humphries**

Mailing Address PO Box 40

City Burnet State TX Zip Code 78611-0040

Purpose of Disbursement  
Refund of 1/26/15 contribution

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : 9D55ABA93A29A146417

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Shirley Poon**

Mailing Address 2220 Lynn Rd  
Ste 100

City Thousand Oaks State CA Zip Code 91360

Purpose of Disbursement  
Refund of 1/26/15 contribution

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : C83B320E540DC2CEE63

Amount of Each Disbursement this Period

225.00

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

815.00

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

815.00