REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NCPA PAC

ADDRESS (number and street) ☐ Check if different than previously reported
205 Dangerfield Rd.

CITY, STATE and ZIP CODE
Alexandria, Va. 22314

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 15 11 47 AM '98

2. FEC IDENTIFICATION NUMBER
C00030809

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

☐ February 20	☒ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 5/1/98 through 5/30/98		
6. (a) Cash on Hand January 1, 19____		$ 20,675.39
(b) Cash on Hand at Beginning of Reporting Period	$ (5238.49)	
(c) Total Receipts (from Line 19)	$ 9569.88	$ 25,410.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4331.39	$ 46,085.75
7. Total Disbursements (from Line 30)	$ 4151.00	$ 45,905.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 180.39	$ 180.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
ROBERT F. BOBOWSKI

Signature of Treasurer
Robert F. Bobowski

Date
6/10/98

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

FEC FORM 3X
(revised 9/93)

FE4AN/01

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 3/1/98 TO: 5/29/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1100.00	1850.00	11(a)i
ii. Unitemized	8460.00	23390.00	11(a)ii
iii. Total (add i and ii) ➤	9560.00	25240.00	11(a)iii
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	9560.00	25240.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	9.88	170.36	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9569.88	25410.36	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	9569.88	25410.36	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)i
ii. Non-Federal Share			21(a)ii
b. Other Federal Operating Expenditures	6.00	260.36	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	6.00	260.36	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	1500.00	23
24. Independent Expenditures (use Schedule E)	2000.00	43,500.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	1645.00	1645.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,151.00	45,905.36	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4151.00	45,905.36	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9560.00	25,240.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9560.00	25,240.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	6.00	260.36	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	6.00	260.36	37

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of ____ for
LINE NUMBER 23
(Use separate schedule(s) for each category of the Detailed Summary Page)

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)

NCPA PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION 205 DATNGERFIELD RD. ALEXANDRIA VA 22314	ERROR IN DEPOSIT Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/29/98	545.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NORWOOD FOR CONGRESS P.O. BOX 499 EVANS GA 30809	Charlie Norwood House GA-10 Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/29/98	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELIJAH E. CUMMINGS FOR CONGRESS 7003 DOGWOOD RD. BALTIMORE MD 21244	Elijah E. Cummings House MD-7th Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/29/98	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COOKSEY FOR CONGRESS PO BOX 7600 MONROE LA 71211	John Cooksey House LA-5th Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/29/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DREIER FOR CONGRESS P.O. BOX 1110 COVINA CA 91722	David Dreier House CA-28 Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/29/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
1998 REPUBLICAN HOUSE-SENATE DINNER 425 SECOND ST., NE. WASHINGTON DC 20002	CONTRIBUTION Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/29/98	1,500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NCPA FOUNDATION 205 DATNGERFIELD RD. ALEXANDRIA VA 22314	25514 ST LOAN OFF IN E Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	5/29/98	100.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			4,145.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
NCPA PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EFS National Bank P.O. Box 30668 Memphis, TN 38130	Bankcard Fees 5/1/98 - 5/31/98 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/29/98	6.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 6.00

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SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of ___ for
LINE NUMBER 11
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full): NCPA PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
A. TERRY TENHEY 301 MEMORIAL DRIVE MANCHESTER KY 40962 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	MEDI CENTER DRUGS PHARMACIST Aggregate Year-to-Date $ 250.00	5/01/98	250.00
B. S. GARY PIERATT 304 LEWISBURG ROAD DAYTON OH 45320 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	GARY'S PRESCRIPTION PHARMACIST Aggregate Year-to-Date - $ 500.00	5/21/98	500.00
C. GEORGE J. NORKUS 1471 REDFERN AVENUE PITTSBURGH PA 15241 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	AMSTER PHARMACY PHARMACIST Aggregate Year-to-Date - $ 250.00	5/29/98	250.00
D. MICHAEL J. SMITH INDIAN MOUND SHOPPING CENTER CENTER OSSIPEE NH 03814 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	SMITH PHARMACY PHARMACIST Aggregate Year-to-Date - $ 250.00	5/29/98	50.00
E. DIRK WHITE 705 HALIBUT POINT ROAD SITKA AK 99835 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	WHITE'S PHARMACY PHARMACIST Aggregate Year-to-Date - $ 250.00	5/29/98	50.00
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date - $	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date - $	Date (month, day, year)	Amount of Each Receipt This Period

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

TOTAL This Period (last page this line number only) 1,100.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
NCPA PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank P.O. Box 179 Alexandria, VA 22314	Interest Earned 5/1/98 – 5/30/98	5/29/98	9.88
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

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

TOTAL This Period (last page this line number only) 9.88

FE4AN101

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 6-10-98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SLP
PREPARER

6-15-98
DATE PREPARED

(4/98)