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2010 FEB -1 AM 11:37

# KERR DRUG

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January 25, 2010

Via Certified Mail, Return Receipt Requested

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

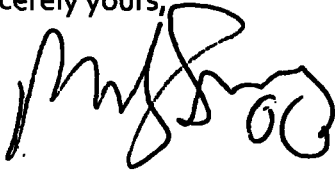
Re: **Kerr Drug, Inc. PAC**

Dear Sir or Madam:

In connection with the above-referenced entity, enclosed please find Semi-Annual Report of Receipts and Disbursements for the period July 1, 2009 through December 31, 2009.

Should you have any questions, please contact me at (919) 544-3896, ext. 143.

Sincerely yours,



Mark J. Gregory  
Assistant Treasurer  
Kerr Drug, Inc. PAC

cc: G. Johnson Rice, Jr., Esq. (w/enclosure)

10030234629

**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. 12FE4M5  
KERR DRUG, INC. PAC

ADDRESS (number and street) 3220 SPRING FOREST ROAD  
CITY RALEIGH STATE NC ZIP CODE 27616-2822

2. FEC IDENTIFICATION NUMBER **▼** CITY **▲** STATE **▲** ZIP CODE **▲**  
C00368381

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

10030234630

5. Covering Period 07 / 01 / 2009 through 12 / 31 / 2009

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 **ASSISTANT** MARK J. GREGORY

Signature of Treasurer *Mark J. Gregory* Date 01 / 25 / 2010

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

**KERR DRUG, INC. PAC**

Report Covering the Period:

From:

07 01 2009

To:

12 31 2009

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, 2009	13,259.18
(b) Cash on Hand at Beginning of Reporting Period.....	16,967.18
(c) Total Receipts (from Line 19).....	18,475.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	31,734.18
7. Total Disbursements (from Line 31).....	14,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16,984.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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)

Page 3

Write or Type Committee Name

**KEEP DRUG, INC. PAC**

Report Covering the Period: From:

07 / 01 / 2009

To:

12 / 31 / 2009

**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).....

6267.00

18,475.00

(ii) Unitemized.....

00

00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

6267.00

18,475.00

(b) Political Party Committees.....

00

00

(c) Other Political Committees (such as PACs).....

00

00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

6267.00

18,475.00

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00

00

(b) Levin Funds (from Schedule H5).....

00

00

(c) Total Transfers (add 18(a) and 18(b))..

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

6267.00

18,475.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

6267.00

18,475.00

10030234632

**DETAILED SUMMARY PAGE  
of Disbursements**

10030234633

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 .....	00	00
(ii) Non-Federal Share .....	00	00
(b) Other Federal Operating Expenditures .....	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	00	00
22. Transfers to Affiliated/Other Party Committees .....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	6,250.00	14,750.00
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	00	00
26. Loan Repayments Made .....	00	00
27. Loans Made .....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs) .....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	00	00
29. Other Disbursements .....	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share .....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6,250.00	14,750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	6,250.00	14,750.00

**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) .....	626,700	18,475.00
34. Total Contribution Refunds (from Line 28(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	626,700	18,475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	00	00

10030234634

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 3	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)  
**BAXLEY, WILLIAM C.**

Mailing Address  
**2349 MOUNT VERNON CHURCH ROAD**

City State Zip Code  
**RALEIGH, NC 27614**

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

Name of Employer  
**KERR DRUG, INC.**

Occupation  
**MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 000 00**

Date of Receipt  
**06 19 2009**

Amount of Each Receipt this Period  
**00**

B. Full Name (Last, First, Middle Initial)  
**BROWN, DOUGLAS P.**

Mailing Address  
**105 WOODMEER LANE**

City State Zip Code  
**GOLDSBORO, NC 27530**

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

Name of Employer  
**KERR DRUG, INC.**

Occupation  
**MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**725.00**

Date of Receipt  
**12 18 2009**

Amount of Each Receipt this Period  
**377.00**

C. Full Name (Last, First, Middle Initial)  
**BROWN, LORI**

Mailing Address  
**25 AUTUMN RIDGE LANE**

City State Zip Code  
**ASHEVILLE, NC 28803**

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

Name of Employer  
**KERR DRUG, INC.**

Occupation  
**PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25.00**

Date of Receipt  
**06 19 2009**

Amount of Each Receipt this Period  
**00**

SUBTOTAL of Receipts This Page (optional).....▶ **377.00**

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

10030234635

**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)

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

A. Full Name (Last, First, Middle Initial)  
**BUCK, DONALD A.**

Mailing Address  
**117 FORECASTLE COURT**

City State Zip Code  
**WASHINGTON, NC 27889**

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

Name of Employer  
**KEEP DRUG, INC.**

Occupation  
**PHARMACIST**

Receipt For:  
 Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
**60.00**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**.00**

B. Full Name (Last, First, Middle Initial)  
**DURKE, CHRIS**

Mailing Address  
**3220 SPRING FOREST ROAD**

City State Zip Code  
**RALEIGH, NC 27614**

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

Name of Employer  
**KEEP DRUG, INC.**

Occupation  
**MANAGEMENT**

Receipt For:  
 Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
**75.00**

Date of Receipt  
**12 / 18 / 2009**

Amount of Each Receipt this Period  
**65.00**

C. Full Name (Last, First, Middle Initial)  
**CALLICUTT, DOUGLAS**

Mailing Address  
**387 LENFORD CIRCLE**

City State Zip Code  
**HIGH POINT, NC 27265**

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

Name of Employer  
**KEEP DRUG, INC.**

Occupation  
**PHARMACIST**

Receipt For:  
 Primary  General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
**25.00**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**.00**

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

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

**65.00**

10030234636



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

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

FOR LINE NUMBER: PAGE 3 OF 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
**KEER DRUG, INC. PAC**

A. Full Name (Last, First, Middle Initial)  
**CAPLAN, ABIGALE**

Mailing Address  
**13006 EASEL DRIVE**

City State Zip Code  
**RALEIGH, NC 27613**

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

Name of Employer Occupation  
**KEER DRUG, INC. PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**00**

B. Full Name (Last, First, Middle Initial)  
**CARROLL, KATHRYN R.**

Mailing Address  
**7816 MAYFAIR CREST LANE, #206**

City State Zip Code  
**RALEIGH, NC 27615**

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

Name of Employer Occupation  
**KEER DRUG, INC. MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**390.00**

Date of Receipt  
**12 / 18 / 2009**

Amount of Each Receipt this Period  
**195.00**

C. Full Name (Last, First, Middle Initial)  
**CIVELLO, ANTHONY N.**

Mailing Address  
**6337 WAKEFALLS DRIVE**

City State Zip Code  
**WAKE FOREST, NC 27587**

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

Name of Employer Occupation  
**KEER DRUG, INC. MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3000.00**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**00**

SUBTOTAL of Receipts This Page (optional).....▶ **195.00**

TOTAL This Period (last page this line number only).....▶ **195.00**

10030234637

**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 <u>4</u> OF <u>13</u>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial) <b>COLLUMS, ELIZABETH F.</b>		Date of Receipt <b>12 / 18 / 2009</b>
Mailing Address <b>1416 DEBRA DRIVE</b>		Amount of Each Receipt this Period <b>260.00</b>
City <b>CARY, NC</b>	State Zip Code <b>27511</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>410.00</b>
Name of Employer <b>KERR DRUG, INC.</b>	Occupation <b>MANAGEMENT</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>410.00</b>	

B. Full Name (Last, First, Middle Initial) <b>DAVIS, GEORGE IKE, JR.</b>		Date of Receipt <b>06 / 19 / 2009</b>
Mailing Address <b>7459 RIVER GLENN ROAD</b>		Amount of Each Receipt this Period <b>0.00</b>
City <b>ROCKY MOUNT, NC</b>	State Zip Code <b>27803</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>KERR DRUG, INC.</b>	Occupation <b>MANAGEMENT</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>	

C. Full Name (Last, First, Middle Initial) <b>DEADMON, PHIL</b>		Date of Receipt <b>06 / 19 / 2009</b>
Mailing Address <b>100 CARSON FARMS EAST DRIVE</b>		Amount of Each Receipt this Period <b>0.00</b>
City <b>BURLINGTON, NC</b>	State Zip Code <b>27215</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>KERR DRUG, INC.</b>	Occupation <b>MANAGEMENT</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>100.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>260.00</b>
TOTAL This Period (last page this line number only).....▶	

10030234638

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE <u>5</u> OF <u>13</u>	
(check only one)		<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)  
**KERR DRUG, INC. PAC**

**A.** Full Name (Last, First, Middle Initial)  
**DORSETT, BOBBY J.**

Mailing Address  
**8005 KUKUI COURT**

City **RALEIGH, NC** State Zip Code **27613**

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

Name of Employer **KERR DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt  
**12 / 31 / 2009**

Amount of Each Receipt this Period  
**700.00**

**B.** Full Name (Last, First, Middle Initial)  
**EDMUNDSON, EDWARD S.**

Mailing Address  
**4176 ENGLISH GARDEN WAY**

City **RALEIGH, NC** State Zip Code **27612**

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

Name of Employer **KERR DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**00**

**C.** Full Name (Last, First, Middle Initial)  
**GABIG, DONALD L.**

Mailing Address  
**126 MERRY HILL DRIVE**

City **CARY, NC** State Zip Code **27518**

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

Name of Employer **KERR DRUG, INC.** Occupation **PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**00**

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

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

10030234639

**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 13		
	(check only one)	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)  
**GIBSON, JOSEPH P.**

Mailing Address  
**7212 LOWELL RIDGE ROAD**

City **RALEIGH, NC** State Zip Code **27616**

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

Name of Employer **KERR DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
**12 ' 18 ' 2009**

Amount of Each Receipt this Period  
**130.00**

B. Full Name (Last, First, Middle Initial)  
**GRAY, RICHARD H.**

Mailing Address  
**309 ALDERSON ROAD**

City **WASHINGTON, NC** State Zip Code **27889**

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

Name of Employer **KERR DRUG, INC.** Occupation **PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt  
**12 ' 18 ' 2009**

Amount of Each Receipt this Period  
**65.00**

C. Full Name (Last, First, Middle Initial)  
**GREGORY, MARK J.**

Mailing Address  
**1709 CHATSWORTH LAWE**

City **RALEIGH, NC** State Zip Code **27614**

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

Name of Employer **KERR DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt  
**12 ' 31 ' 2009**

Amount of Each Receipt this Period  
**210.00**

SUBTOTAL of Receipts This Page (optional).....▶ **405.00**

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

10030234640

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 13	
	<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)  
**KEEP DRUG, INC. PAC**

A. Full Name (Last, First, Middle Initial)  
**HARSHMAN, DANIEL K.**

Mailing Address  
**702 S. THIRD STREET**

City **CAROLINA BEACH, NC** State **NC** Zip Code **28428**

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

Name of Employer **KEEP DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**36500**

Date of Receipt  
**12 18 2009**

Amount of Each Receipt this Period  
**22500**

B. Full Name (Last, First, Middle Initial)  
**HAYES, ANGELIA**

Mailing Address  
**10 SILO GLEN LANE**

City **WAKE FOREST, NC** State **NC** Zip Code **27587**

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

Name of Employer **KEEP DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**55.00**

Date of Receipt  
**06 19 2006**

Amount of Each Receipt this Period  
**00**

C. Full Name (Last, First, Middle Initial)  
**HOUSTON, O. WAYNE**

Mailing Address  
**830 SUMNER ROAD**

City **PINK HILL, NC** State **NC** Zip Code **28572**

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

Name of Employer **KEEP DRUG, INC.** Occupation **PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**75.00**

Date of Receipt  
**12 18 2009**

Amount of Each Receipt this Period  
**65.00**

SUBTOTAL of Receipts This Page (optional).....▶ **29000**

TOTAL This Period (last page this line number only).....▶ **29000**

10030234641

**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 <u>8</u> OF <u>13</u>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)  
**KOMPARE, TARA**

Mailing Address  
**5500 AUTUMN HARVEST DRIVE**

City **KEENERVILLE, NC** State Zip Code **27284**

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

Name of Employer **KEPP DRUG INC.** Occupation **PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**00**

B. Full Name (Last, First, Middle Initial)  
**LAMB, GERALD J.**

Mailing Address  
**104 KENILWORTH ROAD**

City **SUMMEVILLE, SC** State Zip Code **29485**

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

Name of Employer **KEPP DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**12 / 18 / 2009**

Amount of Each Receipt this Period  
**260.00**

C. Full Name (Last, First, Middle Initial)  
**LINGERFELDT, THEODORE**

Mailing Address  
**106 WINDROCK LANE**

City **CARY, NC** State Zip Code **27511**

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

Name of Employer **KEPP DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**12 / 18 / 2009**

Amount of Each Receipt this Period  
**195.00**

SUBTOTAL of Receipts This Page (optional).....▶ **455.00**

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

10030234642

**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 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial)  
**A. MAILE, JOSEPH M.**

Mailing Address  
**100 MEADOWVALE CIRCLE**

City State Zip Code  
**CARY, NC 27519**

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

Name of Employer Occupation  
**KERR DRUG, INC. MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**35000**

Date of Receipt  
**06 / 19 / 2009**

Amount of Each Receipt this Period  
**500**

Full Name (Last, First, Middle Initial)  
**B. PETRI, RALPH**

Mailing Address  
**2320 SUNNY STONE WAY**

City State Zip Code  
**RALEIGH, NC 27613**

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

Name of Employer Occupation  
**KERR DRUG INC.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**184000**

Date of Receipt  
**12 / 31 / 2009**

Amount of Each Receipt this Period  
**161000**

Full Name (Last, First, Middle Initial)  
**C. RANKIN, DON**

Mailing Address  
**105 SHOSHONE ROAD**

City State Zip Code  
**LEXINGTON, NC 27295**

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

Name of Employer Occupation  
**KERR DRUG INC. PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**26000**

Date of Receipt  
**12 / 18 / 2009**

Amount of Each Receipt this Period  
**13000**

SUBTOTAL of Receipts This Page (optional).....▶ **174000**

TOTAL This Period (last page this line number only).....▶ **174000**

10030234643

**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 13  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. RICE, G. JOHNSON, JR.**

Mailing Address  
**1924 HORNBECK COURT**

City State Zip Code  
**RALEIGH, NC 27614**

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

Name of Employer  
**KERR DRUG, INC.** Occupation  
**MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**06 / 19 / 2009**

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

Full Name (Last, First, Middle Initial)  
**B. RIDDLE, J. GLENN**

Mailing Address  
**3175 ODOM ROAD**

City State Zip Code  
**HOPE MILLS, NC 28348**

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

Name of Employer  
**KERR DRUG, INC.** Occupation  
**PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,300.00**

Date of Receipt  
**12 / 18 / 2009**

Amount of Each Receipt this Period  
**650.00**

Full Name (Last, First, Middle Initial)  
**C. ROGERS, MICHELLE**

Mailing Address  
**1509 HAYWARDS HEATH LANE**

City State Zip Code  
**APEX, NC 27502**

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

Name of Employer  
**KERR DRUG, INC.** Occupation  
**PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6,000.00**

Date of Receipt  
**08 / 14 / 2009**

Amount of Each Receipt this Period  
**400.00**

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

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

**1,050.00**

10030234644



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

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

FOR LINE NUMBER: PAGE | OF 13  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. RUSSELL, LISA**

Mailing Address  
**4704 WATERFORD COVE DRIVE**

City **RALEIGH, NC** State **NC** Zip Code **27616**

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

Name of Employer **KERR DRUG, INC.** Occupation **PHARMACIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **7500**

Date of Receipt  
**12 18 2009**

Amount of Each Receipt this Period  
**65.00**

Full Name (Last, First, Middle Initial)  
**B. SMITH, JOHN H. JR.**

Mailing Address  
**643 AIKEN PARKWAY**

City **FUQUAY-VARINA, NC** State **NC** Zip Code **27526**

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

Name of Employer **KERR DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
**06 19 2009**

Amount of Each Receipt this Period  
**00**

Full Name (Last, First, Middle Initial)  
**C. SMITH, JIM D.**

Mailing Address  
**23161 DAN SMITH ROAD**

City **WAGRAM, NC** State **NC** Zip Code **28396**

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

Name of Employer **KERR DRUG, INC.** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt  
**06 19 2009**

Amount of Each Receipt this Period  
**00**

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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

10030234645

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

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

FOR LINE NUMBER: PAGE 2 OF 3  
 11a  11b  11c  12  
 13  14  15  16  17

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

A. Full Name (Last, First, Middle Initial)  
**TRIBBLE, ARTHUR**  
 Mailing Address  
**205 ROCKY RIDGE DRIVE**  
 City State Zip Code  
**ALMOND, NC 28702**  
 FEC ID number of contributing federal political committee.  
**C**  
 Name of Employer  
**KERR DRUG INC.** Occupation  
**PHARMACIST**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date  
**11000**

Date of Receipt  
**06 / 19 / 2009**  
 Amount of Each Receipt this Period  
**00**

B. Full Name (Last, First, Middle Initial)  
**VOORHEES, BRIONY W.**  
 Mailing Address  
**12920 GARFFE SHERRON ROAD**  
 City State Zip Code  
**WAKE FOREST, NC 27587**  
 FEC ID number of contributing federal political committee.  
**C**  
 Name of Employer  
**KERR DRUG INC.** Occupation  
**MANAGEMENT**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date  
**1000000**

Date of Receipt  
**06 / 19 / 2009**  
 Amount of Each Receipt this Period  
**00**

C. Full Name (Last, First, Middle Initial)  
**WHITEHEAD, CHARLES M.**  
 Mailing Address  
**1051 WOODSIDE PLACE**  
 City State Zip Code  
**ASHEBORO, NC 27805**  
 FEC ID number of contributing federal political committee.  
**C**  
 Name of Employer  
**KERR DRUG INC.** Occupation  
**PHARMACIST**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date  
**5000**

Date of Receipt  
**06 / 19 / 2009**  
 Amount of Each Receipt this Period  
**00**

SUBTOTAL of Receipts This Page (optional)..... **00**  
 TOTAL This Period (last page this line number only)..... **00**

10030234646

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)  
**KEER DRUG, INC. PAC**

**A. WILLIAMS, DOUGLAS M.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**57 PINEBROOK DRIVE**  
 City **PINEHURST, NC** State **NC** Zip Code **28374**  
 Name of Employer **KEER DRUG, INC.** Occupation **PHARMACIST**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **50.00**  
 FEC ID number of contributing federal political committee. **C**

Date of Receipt  
**06 ' 19 ' 2009**  
 Amount of Each Receipt this Period  
**00**

**B. ZANILLA, EMIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**1014 LYLEBOURNE COURT**  
 City **APEX, NC** State **NC** Zip Code **27502**  
 Name of Employer **KEER DRUG, INC.** Occupation **MANAGEMENT**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3,105.00**  
 FEC ID number of contributing federal political committee. **C**

Date of Receipt  
**07 ' 31 ' 2009**  
 Amount of Each Receipt this Period  
**1,610.00**

**C. ROOT, JERRY W.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**2925 DAHLGREEN ROAD**  
 City **RALEIGH, NC** State **NC** Zip Code **27615**  
 Name of Employer **KEER DRUG INC.** Occupation **MANAGEMENT**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **290.00**  
 FEC ID number of contributing federal political committee. **C**

Date of Receipt  
**06 ' 19 ' 2009**  
 Amount of Each Receipt this Period  
**00**

SUBTOTAL of Receipts This Page (optional).....▶ **1,610.00**  
 TOTAL This Period (last page this line number only).....▶ **6,267.00**

10030234647

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 4

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

**A. NATIONAL ASSN. OF CHAIN DRUG STORES PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement: **07/09/2009**

Mailing Address: **413 NORTH LEE STREET**

City: **ALEXANDRIA VA** State: **VA** Zip Code: **22314**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **VARIOUS**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **100000**

Category/Type: **011**

**B. NC GOP**

Full Name (Last, First, Middle Initial)

Date of Disbursement: **08/19/2009**

Mailing Address: **1506 HILLSBOROUGH STREET**

City: **RALEIGH NC** State: **NC** Zip Code: **27605**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **VARIOUS**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **NC** District: \_\_\_\_\_

Amount of Each Disbursement this Period: **500.00**

Category/Type: **011**

**C. NEAL HUNT FOR NC SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement: **08/31/2009**

Mailing Address: **2600 FAIRVIEW ROAD**

City: **RALEIGH NC** State: **NC** Zip Code: **27608**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **NEAL HUNT**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **50000**

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional).....▶ **2,000.00**

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

10030234648

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 2 OF 4	
	<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)  
**KERR DRUG, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. ZACK SPACE FOR CONGRESS</b>		Date of Disbursement <b>09/19/2009</b>
Mailing Address <b>137 EAST IRON AVENUE</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>DOVER, OH</b>	State <b>OH</b>	
Zip Code <b>44602</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>ZACK SPACE</b>	Category/Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>OH</b>	District: <b>18</b>	

Full Name (Last, First, Middle Initial) <b>B. KAY HAGAN FOR U.S. SENATE</b>		Date of Disbursement <b>09/29/2009</b>
Mailing Address <b>426 C STREET, NE</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>WASHINGTON, DC</b>	State <b>DC</b>	
Zip Code <b>20002</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>KAY HAGAN</b>	Category/Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b>	District: <b>32</b>	

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO ELECT HUGH HOLLIMAN</b>		Date of Disbursement <b>11/09/2009</b>
Mailing Address <b>60 JANA NEELY; 200 HILLSBOROUGH ST.</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>RALEIGH, NC</b>	State <b>NC</b>	
Zip Code <b>27603</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>HUGH HOLLIMAN</b>	Category/Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b>	District: <b>81</b>	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>1,250.00</b>
TOTAL This Period (last page this line number only).....▶	

10030234649

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 4

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

Full Name (Last, First, Middle Initial)

A. <b>NATIONAL ASSN. OF CHAIN DRUG STORES</b>		Date of Disbursement
Mailing Address <b>413 NORTH LEE STREET</b>		<b>11/09/2009</b>
City State Zip Code <b>ALEXANDRIA, VA 22304</b>		Amount of Each Disbursement this Period <b>1,500.00</b>
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/Type <b>011</b>	
Candidate Name <b>VARIOUS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. <b>PRYOR GIBSON COMMITTEE</b>		Date of Disbursement
Mailing Address <b>P.O. Box 1010</b>		<b>11/09/2009</b>
City State Zip Code <b>WALESFORD, NC 28170</b>		Amount of Each Disbursement this Period <b>250.00</b>
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/Type <b>011</b>	
Candidate Name <b>PRYOR GIBSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District: <b>69</b>		

C. <b>COMMITTEE TO ELECT LINDA GARROU</b>		Date of Disbursement
Mailing Address <b>P.O. Box 11843</b>		<b>11/09/2009</b>
City State Zip Code <b>WINSTON-SALEM, NC 27116</b>		Amount of Each Disbursement this Period <b>250.00</b>
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/Type <b>011</b>	
Candidate Name <b>LINDA GARROU</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District: <b>32</b>		

SUBTOTAL of Disbursements This Page (optional).....▶	<b>2,000.00</b>
TOTAL This Period (last page this line number only).....▶	

10030234650

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

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

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

Full Name (Last, First, Middle Initial) <b>A. THE BEV PEADUE COMMITTEE</b>		Date of Disbursement <b>12 23 2009</b>
Mailing Address <b>P.O. Box 12086</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>RALEIGH, NC</b>	State Zip Code <b>27605</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>		Category/Type <b>011</b>
Candidate Name <b>BEVERLY PEADUE</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

Full Name (Last, First, Middle Initial) <b>B. NC HEALTHY LEADERSHIP COMMITTEE</b>		Date of Disbursement <b>12 23 2009</b>
Mailing Address <b>Tom Murry; 225 Ruby Walk Drive</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>MORRISVILLE, NC</b>	State Zip Code <b>27560</b>	
Purpose of Disbursement <b>CONTRIBUTION</b>		Category/Type <b>011</b>
Candidate Name <b>NC HEALTHY LEADERSHIP COMMITTEE</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NC</b> District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<b>1,000.00</b>
TOTAL This Period (last page this line number only).....▶	<b>6,250.00</b>

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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*2/1/10*

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(3/2005)

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