06/16/2005 09 : 02

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

National Community Pharmacists Association - PAC

ADDRESS (number and street) ▼ 100 Daingerfield Road

Check if different than previously reported. (ACC)

Alexandria | VA | 22314 | 2885

2. **FEC IDENTIFICATION NUMBER** ▼ C00030809

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — NEW (N) X **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 Quarterly 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) X	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 (12G)

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 05 01 2005 through 05 31 2005

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 Mr. John Rector

Signature of Treasurer Electronically Filed by Mr. John Rector Date 06 16 2005

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From: 05 01 2005 To: 05 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		56755.02
(b) Cash on Hand at Begining of Reporting Period	11262.83	
(c) Total Receipts (from Line 19)	25234.38	69197.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36497.21	125952.31
7. Total Disbursements (from Line 31)	22210.02	111665.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14287.19	14287.19
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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. 02/2003)

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: 05 01 2005 To: 05 31 2005

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)	11320.00	32116.00
(ii) Unitemized	13905.00	36985.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	25225.00	69101.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	25225.00	69101.00
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.)	9.38	96.29
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 Transfer (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))	25234.38	69197.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25234.38	69197.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	210.02	1165.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	210.02	1165.12
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	22000.00	110500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00	0.00
(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)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))	22210.02	111665.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	22210.02	111665.12

DETAILED SUMMARY PAGE

of Disbursements

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)	25225.00	69101.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25225.00	69101.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	210.02	1165.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	210.02	1165.12

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21
(check only one)
[X] 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)
National Community Pharmacists Association - PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Donald Ahlberg
Mailing Address P.O. Box 3240
City: Cleveland State: TN Zip Code: 37320
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Center Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 03 2005
Transaction ID: SA11A1.11840
Amount of Each Receipt this Period: 200.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. Mark Aurit
Mailing Address 4220 47th Street NE
City: Bismarck State: ND Zip Code: 58503
FEC ID number of contributing federal political committee: C
Name of Employer: Gateway Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 05 2005
Transaction ID: SA11A1.11857
Amount of Each Receipt this Period: 300.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Thomas Bender
Mailing Address 570 Newark Ave
City: Jeresy City State: NJ Zip Code: 07306
FEC ID number of contributing federal political committee: C
Name of Employer: Court House Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 31 2005
Transaction ID: SA11A1.11913
Amount of Each Receipt this Period: 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 21
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Mr. Ralph Bouvette
Mailing Address 102 Enterprise Drive
City: Franfort | State: KY | Zip Code: 40601
FEC ID number of contributing federal political committee: C
Name of Employer: American Pharmacy Services
Occupation: Executive Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11803
Amount of Each Receipt this Period: 400.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. Stan A. Britten
Mailing Address 6700 W 9th
City: Amarillo | State: TX | Zip Code: 79109
FEC ID number of contributing federal political committee: C
Name of Employer: ADC Rx Inc.
Occupation: Pharmacist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1720.00
Date of Receipt: 05 05 2005
Transaction ID: SA11A1.11860
Amount of Each Receipt this Period: 1720.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Anthony Buckle, Sr.
Mailing Address 68 N. Bellwood
City: Bethalto | State: IL | Zip Code: 62010
FEC ID number of contributing federal political committee: C
Name of Employer: Rinderer's Home Health Care
Occupation: Pharmacist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11808
Amount of Each Receipt this Period: 200.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2320.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 21
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Anthony Budde, Sr.
Mailing Address 88 N. Bellwood
City: Bethalto | State: IL | Zip Code: 62010
FEC ID number of contributing federal political committee: C
Name of Employer: Rinderer's Home Health Care
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 26 2005
Transaction ID: SA11A1.11891
Amount of Each Receipt this Period: 200.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. James Cummerata
Mailing Address 35 Pheasant Drive
City: Long Valley | State: NJ | Zip Code: 07853
FEC ID number of contributing federal political committee: C
Name of Employer: Valley Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11782
Amount of Each Receipt this Period: 200.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Leon Claywell
Mailing Address 216 W. Stephen Foster Avenue
City: Bardstown | State: KY | Zip Code: 40004
FEC ID number of contributing federal political committee: C
Name of Employer: Medica Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 05 06 2005
Transaction ID: SA11A1.11875
Amount of Each Receipt this Period: 400.00
Contribution

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) or each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial)
Mr. Carmen DiCello
Mailing Address 181B Mahantongo Street
City: Pottsville State: PA Zip Code: 17901-3227
FEC ID number of contributing federal political committee: C
Name of Employer: PA Pharmacists Association
Occupation: Executive Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11764
Amount of Each Receipt this Period: 100.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. Stephen Giroux
Mailing Address 81 Telegraph Road
City: Middleport State: NY Zip Code: 14105
FEC ID number of contributing federal political committee: C
Name of Employer: Middleport Family Health Center
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11763
Amount of Each Receipt this Period: 300.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Gary Hamm
Mailing Address 142 Doris Court
City: Elizabethtown State: KY Zip Code: 42701
FEC ID number of contributing federal political committee: C
Name of Employer: ApotheCare Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 03 2005
Transaction ID: SA11A1.11850
Amount of Each Receipt this Period: 400.00
Contribution

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

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Joseph Harrison
Mailing Address PO Box 152643
City: Arlington State: TX Zip Code: 76015
FEC ID number of contributing federal political committee: C
Name of Employer: Harrison Pharmacies
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11790
Amount of Each Receipt this Period: 200.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. Michael Henry
Mailing Address 4831 35th Ave S.W.
City: Seattle State: WA Zip Code: 98126
FEC ID number of contributing federal political committee: C
Name of Employer: Extra Care Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11804
Amount of Each Receipt this Period: 400.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Keith Hodges
Mailing Address PO Box 9
City: Gloucester State: VA Zip Code: 23061
FEC ID number of contributing federal political committee: C
Name of Employer: Gloucester Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 05 2005
Transaction ID: SA11A1.11852
Amount of Each Receipt this Period: 100.00
Contribution

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Mr. Mike James
Mailing Address 702 N. Person Street
City: Raleigh State: NC Zip Code: 27604
FEC ID number of contributing federal political committee: C
Name of Employer: N.C. Mutual Wholesale Drug
Occupation: Gov't Affairs Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11818
Amount of Each Receipt this Period: 200.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr John G Keiser
Mailing Address 251 Benfaict Ave
City: Norwalk State: OH Zip Code: 44857
FEC ID number of contributing federal political committee: C
Name of Employer: Keiser Wells. Inc.
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11823
Amount of Each Receipt this Period: 500.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Allen Lang
Mailing Address 210 S. Main Street
City: Medford State: WI Zip Code: 54451
FEC ID number of contributing federal political committee: C
Name of Employer: Medford Valu-Rite Drugs
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 31 2005
Transaction ID: SA11A1.11897
Amount of Each Receipt this Period: 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Mr. Joseph Lech
Mailing Address 13 Rockledge Lane
City: Tunkhannock State: PA Zip Code: 18657
FEC ID number of contributing federal political committee: C
Name of Employer: Lech's Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11813
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. James Merlin
Mailing Address PO Box 14709
City: Austin State: TX Zip Code: 78761-4709
FEC ID number of contributing federal political committee: C
Name of Employer: Texas Pharmacy Association
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11802
Amount of Each Receipt this Period: 400.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Kerry Milano
Mailing Address 3834 W. Esplanade Avenue
City: Metairie State: LA Zip Code: 70002
FEC ID number of contributing federal political committee: C
Name of Employer: Chateau Drugs
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 06 2005
Transaction ID: SA11A1.11876
Amount of Each Receipt this Period: 400.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 21
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.
Full Name (Last, First, Middle Initial): Mr. Brian Mitchell
Mailing Address: 123 Southside Square
City: Kennett | State: MO | Zip Code: 63857
FEC ID number of contributing federal political committee: C
Name of Employer: Mitchell Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 03 2005
Transaction ID: SA11A1.11849
Amount of Each Receipt this Period: 300.00
Contribution

B.
Full Name (Last, First, Middle Initial): Mr. W. Whitaker Moose
Mailing Address: PO Box 67
City: Mt. Pleasant | State: NC | Zip Code: 28124
FEC ID number of contributing federal political committee: C
Name of Employer: Moose Drug Company
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11770
Amount of Each Receipt this Period: 200.00
Contribution

C.
Full Name (Last, First, Middle Initial): Mr. Scott Parker
Mailing Address: 116 E Chapman Avenue
City: Orange | State: CA | Zip Code: 92868
FEC ID number of contributing federal political committee: C
Name of Employer: Watson Drug
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 06 2005
Transaction ID: SA11A1.11872
Amount of Each Receipt this Period: 200.00
Contribution

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Mr. James Rankin
Mailing Address 1106 Broadway Street
City: Highland | State: IL | Zip Code: 62249
FEC ID number of contributing federal political committee: C
Name of Employer: Family Care Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11805
Amount of Each Receipt this Period: 400.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. Robert Richardson, III
Mailing Address 1107 Crescent Drive
City: Duncan | State: OK | Zip Code: 73533
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 03 2005
Transaction ID: SA11A1.11842
Amount of Each Receipt this Period: 200.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. David Smith
Mailing Address 155 Main Street
City: Brookville | State: PA | Zip Code: 15825
FEC ID number of contributing federal political committee: C
Name of Employer: Means-Lauf Super Drug
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1001.00
Date of Receipt: 05 06 2005
Transaction ID: SA11A1.11877
Amount of Each Receipt this Period: 500.00
Contribution

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 21
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Soileau
Mailing Address 401 1/2 E. St. Peter
City: New Iberia State: LA Zip Code: 70560
FEC ID number of contributing federal political committee: C
Name of Employer: The Medicine Shoppe
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 05 06 2005
Transaction ID: SA11A1.11869
Amount of Each Receipt this Period: 200.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. Daryl Spence
Mailing Address 4821 River Oaks Blvd.
City: Ft. Worth State: TX Zip Code: 76114
FEC ID number of contributing federal political committee: C
Name of Employer: Spence Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11806
Amount of Each Receipt this Period: 800.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mr. Chandrawat Trivedi
Mailing Address 48 Lowell Ave
City: Islip Terrace State: NY Zip Code: 11752
FEC ID number of contributing federal political committee: C
Name of Employer: Raan Pharmacy
Occupation: Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 05 02 2005
Transaction ID: SA11A1.11821
Amount of Each Receipt this Period: 400.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1400.00**

TOTAL This Period (last page this line number only) ..... ▶ **11320.00**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address American Expressway

City: Ft. Lauderdale | State: FL | Zip Code: 33337

Purpose of Disbursement: Credit Card Fee

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.11920
Date of Disbursement: 05 / 23 / 2005

Amount of Each Disbursement this Period: 64.40

B. Full Name (Last, First, Middle Initial)
EFS National Bank

Mailing Address PO Box 30668

City: Memphis | State: TN | Zip Code: 38130

Purpose of Disbursement: MC/Visa Fee

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.11917
Date of Disbursement: 05 / 05 / 2005

Amount of Each Disbursement this Period: 47.40

SUBTOTAL of Disbursements This Page (optional) ..... ▶	111.80
TOTAL This Period (last page this line number only) ..... ▶	111.80

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): BERRY, MARION
Mailing Address: PO BOX 306
City: GILLETT | State: AR | Zip Code: 72005
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: AR District: 01
Disbursement For: 2005 X Primary / General / Other (specify)
Transaction ID: SB23.11924
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): BRADY FOR CONGRESS
Mailing Address: P.O. Box 8277
City: The Woodlands | State: TX | Zip Code: 77387
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: TX District: 08
Disbursement For: 2005 X Primary / General / Other (specify)
Transaction ID: SB23.11938
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): CHOCOLA FOR CONGRESS INC
Mailing Address: PO BOX 8728
City: SOUTH BEND | State: IN | Zip Code: 46660
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: IN District: 02
Disbursement For: 2005 X Primary / General / Other (specify)
Transaction ID: SB23.11940
Date of Disbursement: 05 / 11 / 2005
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3500.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis | State TX | Zip Code 75120

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: TX District: 06

Disbursement For: 2005 X Primary / General / Other (specify)

Transaction ID: SB23.11934
Date of Disbursement 05 / 11 / 2005

Amount of Each Disbursement this Period
2000.00

B. Full Name (Last, First, Middle Initial)
DELAHUNT FOR CONGRESS COMMITTEE

Mailing Address 500 VICTORY ROAD

City QUINCY | State MA | Zip Code 02171

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: MA District: 10

Disbursement For: 2005 X Primary / General / Other (specify)

Transaction ID: SB23.11944
Date of Disbursement 05 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DEWINE FOR US SENATE

Mailing Address PO BOX 340188

City COLUMBUS | State OH | Zip Code 43234

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President

State: OH District: 00

Disbursement For: 2005 X Primary / General / Other (specify)

Transaction ID: SB23.11952
Date of Disbursement 05 / 18 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
FRIENDS FOR CLIFF STEARNS

Mailing Address 4451 Brookfield Corporate Drive

City: Chantilly State: VA Zip Code: 20151

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2005 X Primary General Other (specify)

Transaction ID: SB23.11926
Date of Disbursement: 05 / 11 / 2005

Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City: New Britain State: CT Zip Code: 06050

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: CT District: 05

Disbursement For: 2005 X Primary General Other (specify)

Transaction ID: SB23.11932
Date of Disbursement: 05 / 11 / 2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
LEADERSHIP ENCOURAGING EXCELLENCE PAC

Mailing Address 2875 Towerview Road Suite 1000

City: Herndon State: VA Zip Code: 20171

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2005 X Primary General Other (specify)

Transaction ID: SB23.11935
Date of Disbursement: 05 / 11 / 2005

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
MORAN FOR CONGRESS

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: KS District: 01

Disbursement For: 2005
X Primary / General / Other (specify)

Transaction ID: SB23.11930
Date of Disbursement 05 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 1131

City ANDERSON State IN Zip Code 46015

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2005
X Primary / General / Other (specify)

Transaction ID: SB23.11942
Date of Disbursement 05 / 11 / 2005

Amount of Each Disbursement this Period
2000.00

C.
Full Name (Last, First, Middle Initial)
TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2005
X Primary / General / Other (specify)

Transaction ID: SB23.11921
Date of Disbursement 05 / 11 / 2005

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
TOM DAVIS FOR CONGRESS

Mailing Address 8429 DOWNING COURT

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2005 X Primary General
Other (specify)

Transaction ID: SB23.11927
Date of Disbursement
05 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1000.00

TOTAL This Period (last page this line number only) ..... ▶ 22000.00