

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		430194.33
(b) Cash on Hand at Beginning of Reporting Period.....	423932.81	
(c) Total Receipts (from Line 19)	51836.59	130064.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	475769.40	560259.10
7. Total Disbursements (from Line 31).....	69063.26	153552.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	406706.14	406706.14
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	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42320.59	77778.77
(ii) Unitemized	9516.00	52286.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	51836.59	130064.77
(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)	51836.59	130064.77
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	51836.59	130064.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	51836.59	130064.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1063.26	3152.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1063.26	3152.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68000.00	150000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	400.00
(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	400.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69063.26	153552.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69063.26	153552.96

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)	51836.59	130064.77
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51836.59	129664.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1063.26	3152.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1063.26	3152.96

**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 6 OF 91
<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

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

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

Full Name (Last, First, Middle Initial) A. Greg Adams		Date of Receipt 03 / 27 / 2013 Transaction ID : 20130404113816-93
Mailing Address 815 Frisco Ave		Amount of Each Receipt this Period 150.00
City Clinton	State OK	Zip Code 73601-3322
FEC ID number of contributing federal political committee. C		
Name of Employer Salisbury Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Julian R. Adams Jr.		Date of Receipt 03 / 27 / 2013 Transaction ID : 20130404113816-94
Mailing Address 922 Ohio Ave		Amount of Each Receipt this Period 100.00
City Lynn Haven	State FL	Zip Code 32444-2354
FEC ID number of contributing federal political committee. C		
Name of Employer Adams Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Michael Agovino		Date of Receipt 03 / 27 / 2013 Transaction ID : 20130404113816-97
Mailing Address 3887 Sedgwick Ave		Amount of Each Receipt this Period 75.00
City Bronx	State NY	Zip Code 10463-4401
FEC ID number of contributing federal political committee. C		
Name of Employer Sedgwick Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stephen C. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Community Pharmacists Associa Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013
Transaction ID : 083EE46EF9BC481CADE6
 Amount of Each Receipt this Period
42.00

B. Stephen C. Albert
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Community Pharmacists Associa Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013
Transaction ID : 2260DB15F19143A4B6B9
 Amount of Each Receipt this Period
42.00

C. Frances Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 N Industrial Blvd
 City Euless State TX Zip Code 76039-7439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Super Value Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : 20130404113816-84
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ben Allison		Date of Receipt
Mailing Address 1713 W Plymouth		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Broken Arrow	OK	74012
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130404113816-1
Name of Employer Osborn Drugs		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carl Allison		Date of Receipt
Mailing Address 780 SE Baya Dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lake City	FL	32025-5403
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130404113816-98
Name of Employer Baya Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen J. Amato		Date of Receipt
Mailing Address 938 Patricia Ave		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dunedin	FL	34698-6023
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130404113816-99
Name of Employer Medicine Shoppe		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shawn Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5366 NW Cache Rd
 Ste 1
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Pharmacy & Accents Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 20130404113816-67
 Amount of Each Receipt this Period
 500.00

B. Calvin J. Anthony
 Full Name (Last, First, Middle Initial)
 Mailing Address 1002 S Redlands Rd
 City Stillwater State OK Zip Code 74074-1069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tiger Drug Company Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-101
 Amount of Each Receipt this Period
 100.00

C. Bradley J. Arthur
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 Tonawanda St
 City Buffalo State NY Zip Code 14207-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Black Rock Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-102
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Donald W. Arthur Jr.		Date of Receipt
Mailing Address 935 Brighton Rd		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Tonawanda	NY	14150-8113
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
Brighton Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. Timothy E. Baker		Date of Receipt
Mailing Address 53 Narragansett Ave		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Jamestown	RI	02835-1100
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		75.00
Name of Employer	Occupation	
Baker's Pharmacy of Jamestown	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	225.00	

Full Name (Last, First, Middle Initial) C. Steve K. Balas		Date of Receipt
Mailing Address 702 S McCarty Ave		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Eagle Lake	TX	77434-3212
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		150.00
Name of Employer	Occupation	
Eagle Lake Drug Store	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	450.00	

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ralph W. Balchin
Full Name (Last, First, Middle Initial)
Mailing Address 575 Glynn St N
City Fayetteville State GA Zip Code 30214-1198
FEC ID number of contributing federal political committee. **C**
Name of Employer Jones Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-108
Amount of Each Receipt this Period
100.00

B. Delane M. Bassett
Full Name (Last, First, Middle Initial)
Mailing Address 419 E Davis St
City Luling State TX Zip Code 78648-2316
FEC ID number of contributing federal political committee. **C**
Name of Employer Luling Discount Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-110
Amount of Each Receipt this Period
100.00

C. Richard E. Beck
Full Name (Last, First, Middle Initial)
Mailing Address 167 Dry Creek Rd
City Austin State TX Zip Code 78737
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Capitol Consulting Occupation Vice President Pharmacy Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-113
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michele M. Belcher

Mailing Address 414 SW 6th St

City Grants Pass State OR Zip Code 97526-2810

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

Name of Employer Grants Pass Pharmacy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-114

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Allan D. Bell

Mailing Address PO Box 1056
45 Main St

City Nantucket State MA Zip Code 02554-1056

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

Name of Employer Nantucket Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : 20130404113816-365

Amount of Each Receipt this Period
365.00

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

Mailing Address 205 N Vine St

City El Dorado State KS Zip Code 67042-2055

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

Name of Employer El Dorado Truecare Phcy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-115

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	565.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Nathan Bhakta		Date of Receipt
Mailing Address 520 N Prospect Ave Ste 110		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Redondo Beach	State CA	Zip Code 90277-3033
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-3
Name of Employer South Bay Pharmacy	Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) B. Michael R. Blaire		Date of Receipt
Mailing Address 10921 N 140th Way		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Scottsdale	State AZ	Zip Code 85259-4615
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-118
Name of Employer Diamondback Drugs	Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Bonnie Lee Bobbs-Dicello		Date of Receipt
Mailing Address 1819 Mahantongo St		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Pottsville	State PA	Zip Code 17901-2002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-120
Name of Employer Yorkville Drug Store, Inc.	Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="565.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frederick J. Bonchosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 1238 National Pike
 City Hopwood State PA Zip Code 15445-0090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rx Plus Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-122
 Amount of Each Receipt this Period
 100.00

B. Sam Boyajian
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 E Main St
 City Gardner State KS Zip Code 66030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gardner Healthmart Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-123
 Amount of Each Receipt this Period
 100.00

C. Edward L. Boyd Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1035 N Emporia St Ste 170
 City Wichita State KS Zip Code 67214-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer's Pharmacy Inc Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-4
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richard P. Brisson
Full Name (Last, First, Middle Initial)

Mailing Address 132 Alden Rd

City Fairhaven State MA Zip Code 2719

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

Name of Employer Occupation
PharmaHealth Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-125

Amount of Each Receipt this Period
100.00

B. Bruce L. Broadrick Sr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 947

City Dalton State GA Zip Code 30722-0947

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

Name of Employer Occupation
Frank's Pharmacy, Inc. Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-126

Amount of Each Receipt this Period
100.00

C. George W. Brookins
Full Name (Last, First, Middle Initial)

Mailing Address 626 Center Dr

City Lincolnton State NC Zip Code 28092

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

Name of Employer Occupation
The Drug Store - Boger City President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-127

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sally M. Brooks-Higginbotham		Date of Receipt
Mailing Address PO Box 414		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lakeville	NY	14480-0414
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-128
Name of Employer	Occupation	Amount of Each Receipt this Period
Livonia Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Anthony T. Budde Sr.		Date of Receipt
Mailing Address 76 Memorial Ct		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Highland	IL	62249
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-129
Name of Employer	Occupation	Amount of Each Receipt this Period
	Retired Pharmacist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Michael D. Butler		Date of Receipt
Mailing Address 4440 N Highway 7		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hot Springs Villag	AR	71909
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-130
Name of Employer	Occupation	Amount of Each Receipt this Period
Village Health Mart Drug	Pharmacist	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Scott Campbell

Mailing Address PO Box 840

City Charlestown State RI Zip Code 02813-0840

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

Name of Employer Ocean Healthmart Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-132

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Billy Cannon Jr.

Mailing Address 22335 US Highway 72 Ste D

City Athens State AL Zip Code 35613

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

Name of Employer Eastside Phcy and Custom Compounding Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-5

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Donald Cantalino

Mailing Address 546 Uniondale Ave

City Uniondale State NY Zip Code 11553-2202

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

Name of Employer Uniondale Chemists Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-133

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeff Carson		Date of Receipt
Mailing Address 7220 Louis Pasteur Dr Ste 176		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78229-4535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130404113816-134
Name of Employer: Oakdell Pharmacy		Amount of Each Receipt this Period
Occupation: Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) B. John R. Carson		Date of Receipt
Mailing Address 7220 Louis Pasteur Dr Ste 176		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78229-4535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130404113816-135
Name of Employer: Oakdell Pharmacy		Amount of Each Receipt this Period
Occupation: Owner/Manager		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="750.00"/>		

Full Name (Last, First, Middle Initial) C. Joseph H. Carstarphen		Date of Receipt
Mailing Address 618 Medical Center Pkwy PO Box 2050, Ste B		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City Selma	State AL	Zip Code 36702-2050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130404113816-68
Name of Employer: Interlink Drug Company		Amount of Each Receipt this Period
Occupation: Owner/Manager		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles E. Carvajal
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Orsinger HI
 City San Antonio State TX Zip Code 78230-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carvajal Pharmacy CS Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-136
 Amount of Each Receipt this Period
 75.00

B. Brian Caswell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2303 Military Ave
 City Baxter Springs State KS Zip Code 66713-2324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wolkar Drug Inc Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-138
 Amount of Each Receipt this Period
 150.00

C. Nolton W. Causey Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Bienville St
 City Natchitoches State LA Zip Code 71457-5702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Causey's Pharmacy Inc Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-139
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Doug Chadwick
Full Name (Last, First, Middle Initial)

Mailing Address 29 S Chadbourne St

City San Angelo State TX Zip Code 76903-5805

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

Name of Employer Myers Drug Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 20130404113816-6

Amount of Each Receipt this Period
 250.00

B. Hugh M. Chancy
Full Name (Last, First, Middle Initial)

Mailing Address 205 E Main St

City Hahira State GA Zip Code 31632-1121

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

Name of Employer Chancy Drugs Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-141

Amount of Each Receipt this Period
 100.00

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

Mailing Address 420 W Pearl St

City Granbury State TX Zip Code 76048

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

Name of Employer Best Value Ron's Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-143

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barry Christensen
Full Name (Last, First, Middle Initial)

Mailing Address 3526 Tongass Ave

City Ketchikan State AK Zip Code 99901-5635

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

Name of Employer Island Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-144

Amount of Each Receipt this Period
 100.00

B. Joseph Cioli
Full Name (Last, First, Middle Initial)

Mailing Address 1027A Morris Park Ave

City Bronx State NY Zip Code 10461-1410

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

Name of Employer J And C Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 20130404113816-69

Amount of Each Receipt this Period
 500.00

C. James E. Coast
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 207

City Cimarron State KS Zip Code 67835

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

Name of Employer Clark Pharmacy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-146

Amount of Each Receipt this Period
 416.66

SUBTOTAL of Receipts This Page (optional).....▶	1016.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Chad S. Cohenour
Full Name (Last, First, Middle Initial)

Mailing Address 501 W College St

City Florence State AL Zip Code 35630-5311

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

Name of Employer Chad's Payless Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 20130404113816-7

Amount of Each Receipt this Period 250.00

B. Frances Cohenour
Full Name (Last, First, Middle Initial)

Mailing Address 205 Woodfield Ct

City Florence State AL Zip Code 35630

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

Name of Employer Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2013
Transaction ID : 20130404113816-8

Amount of Each Receipt this Period 250.00

C. Royce G. Cook Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1050 Junction Hwy

City Kerrville State TX Zip Code 78028-4902

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

Name of Employer Kerrville Drug Company Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-150

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas Cory
Full Name (Last, First, Middle Initial)

Mailing Address 389 Stafford Rd

City Fall River State MA Zip Code 02721-2556

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

Name of Employer Standard Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-151

Amount of Each Receipt this Period
 100.00

B. John Coster
Full Name (Last, First, Middle Initial)

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer National Community Pharmacists Associa Occupation Sr. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-152

Amount of Each Receipt this Period
 125.00

c. Charles D. Cottrell
Full Name (Last, First, Middle Initial)

Mailing Address 1121 Belleville Ave Ste A

City Brewton State AL Zip Code 36426-1505

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

Name of Employer Medical Center Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-153

Amount of Each Receipt this Period
 416.66

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Covello
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Cedarbrook Dr
 City Cranbury State NJ Zip Code 08512-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Pharmacy Alliance Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 20130404113816-11
 Amount of Each Receipt this Period
 250.00

B. Richard Covington
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 Manvel Ave
 City Chandler State OK Zip Code 74834-3851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hite Drug Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 20130404113816-70
 Amount of Each Receipt this Period
 365.00

C. Arthur Daniel Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1410
 City Canutillo State TX Zip Code 79835-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Valley Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-13
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	865.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David Darby
Full Name (Last, First, Middle Initial)

Mailing Address 301 E Three Notch St

City Andalusia State AL Zip Code 36420-3124

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

Name of Employer Darby's Village Pharmacy, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-157

Amount of Each Receipt this Period
 100.00

B. Rodolfo Davila Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1423 Guadalupe St Ste 108

City San Antonio State TX Zip Code 78207-5568

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

Name of Employer Davila Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-159

Amount of Each Receipt this Period
 100.00

C. James T. Davis Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 111 S Main St

City Columbiana State AL Zip Code 35051

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

Name of Employer Davis Drug Company Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-160

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mario De Los Santos		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-14
Mailing Address 215 N San Saba Ste 106		Amount of Each Receipt this Period 500.00
City San Antonio	State TX	Zip Code 78207-3121
FEC ID number of contributing federal political committee.	C	
Name of Employer Marios Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Robert M. Defee		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-162
Mailing Address PO Box 900		Amount of Each Receipt this Period 100.00
City Mc Bee	State SC	Zip Code 29101-0900
FEC ID number of contributing federal political committee.	C	
Name of Employer Sandhills Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Carmen A. Dicello		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-164
Mailing Address 1819 Mahantongo St		Amount of Each Receipt this Period 100.00
City Pottsville	State PA	Zip Code 17901-3227
FEC ID number of contributing federal political committee.	C	
Name of Employer Towne Drugs, Inc.	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Larry Doud
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 24389

City Rochester State NY Zip Code 14624-0389

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

Name of Employer Rochester Drug Cooperative, Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **03 / 27 / 2013**

Transaction ID : 20130404113816-87

Amount of Each Receipt this Period **75.00**

B. James E. Dunaway
Full Name (Last, First, Middle Initial)

Mailing Address 110 3rd St

City Henderson State KY Zip Code 42420-2993

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

Name of Employer Dunaways Imperial Phcy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 27 / 2013**

Transaction ID : 20130404113816-167

Amount of Each Receipt this Period **100.00**

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

Mailing Address 10365 E Goosehaven Dr

City Lafayette State CO Zip Code 80026

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

Name of Employer Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 14 / 2013**

Transaction ID : 20130404113816-72

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 568 Spring Valley Ct

City Spring Creek State NV Zip Code 89815

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

Name of Employer The Pill Box Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-170

Amount of Each Receipt this Period
 100.00

B. Tom Engel
Full Name (Last, First, Middle Initial)

Mailing Address 1536 N 115th St Ste 100

City Seattle State WA Zip Code 98133-8411

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

Name of Employer Northwest Prescription And Medical Sup Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-171

Amount of Each Receipt this Period
 100.00

C. Joyce E. Fogleman
Full Name (Last, First, Middle Initial)

Mailing Address 309 W Saint Louis St

City West Frankfort State IL Zip Code 62896-2099

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

Name of Employer J And S Professional Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 20130404113816-73

Amount of Each Receipt this Period
 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial) A. Terry Forshee		Date of Receipt
Mailing Address 1690 25th St NW		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City Cleveland	State TN	Zip Code 37311-3613
FEC ID number of contributing federal political committee. C		Transaction ID : 20130404113816-174
Name of Employer Cherokee Pharmacy & Med Supply		Amount of Each Receipt this Period
Occupation President		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		300.00

Full Name (Last, First, Middle Initial) B. Doug Fowler		Date of Receipt
Mailing Address 628 Madison St		M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2013
City Fredonia	State KS	Zip Code 66736-1338
FEC ID number of contributing federal political committee. C		Transaction ID : 20130404113816-22
Name of Employer Fredonia Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		250.00

Full Name (Last, First, Middle Initial) C. Robert B. Frankil		Date of Receipt
Mailing Address 21 Miner Cir		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City Collegeville	State PA	Zip Code 19426
FEC ID number of contributing federal political committee. C		Transaction ID : 20130404113816-175
Name of Employer Sellersville Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		600.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ira N. Freeman		Date of Receipt
Mailing Address 12660 Riverside Dr Ste 100		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Valley Village	CA	91607-3430
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-176
Name of Employer	Occupation	Amount of Each Receipt this Period
Key Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Douglas L. Funk		Date of Receipt
Mailing Address 1020 Elmhurst Blvd		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concordia	KS	66901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-178
Name of Employer	Occupation	Amount of Each Receipt this Period
Funk Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Cheryl L. Garvin		Date of Receipt
Mailing Address 36 Catocin Cir SE Ste C		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Leesburg	VA	20175-3612
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-181
Name of Employer	Occupation	Amount of Each Receipt this Period
Leesburg Pharmacy, Inc.	President/CEO	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kenneth Giaquinto		Date of Receipt
Mailing Address 1 Theall Rd		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Rye	NY	10580
FEC ID number of contributing federal political committee.	C	Transaction ID : 20130404113816-25
Name of Employer	Occupation	Amount of Each Receipt this Period
Rye Beach Pharmacy	Owner/Manager	300.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. Robert M. Giaquinto		Date of Receipt
Mailing Address 464 Forest Ave		M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2013
City	State	Zip Code
Rye	NY	10580-3645
FEC ID number of contributing federal political committee.	C	Transaction ID : 20130404113816-74
Name of Employer	Occupation	Amount of Each Receipt this Period
Rye Beach Pharmacy Inc	Owner/Manager	300.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. Raymond George Gillman		Date of Receipt
Mailing Address 480 Main St		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Brookville	IN	47012-1406
FEC ID number of contributing federal political committee.	C	Transaction ID : 20130404113816-185
Name of Employer	Occupation	Amount of Each Receipt this Period
George's Family Pharmacy Inc	Owner/Manager	100.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen L. Giroux
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 188
 City Middleport State NY Zip Code 14105-0188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middleport Family Health Center Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-186
 Amount of Each Receipt this Period 416.66

B. Ricky G. Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1342 Fair Ave
 City San Antonio State TX Zip Code 78223-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Pharmacy Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-188
 Amount of Each Receipt this Period 150.00

C. Eric L. Graf
 Full Name (Last, First, Middle Initial)
 Mailing Address 8614 Hartman Rd
 City Wadsworth State OH Zip Code 44281-9404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ritzman Pharmacies, Inc. Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-189
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	666.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David B. Graves
Full Name (Last, First, Middle Initial)

Mailing Address 770 Pine St
Ste 100

City Macon State GA Zip Code 31201-7565

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

Name of Employer Graves Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-190

Amount of Each Receipt this Period
100.00

B. Dean Graziano
Full Name (Last, First, Middle Initial)

Mailing Address 877 Main St

City Belford State NJ Zip Code 7718

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

Name of Employer Middletown Pharmacy & Medical Equipmen Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-192

Amount of Each Receipt this Period
100.00

C. Robert Greenwood
Full Name (Last, First, Middle Initial)

Mailing Address 2104 Kimball Ave

City Waterloo State IA Zip Code 50702

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

Name of Employer Greenwood Drug, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-193

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Joseph H. Harmison

Mailing Address **PO Box 152643**

City **Arlington** State **TX** Zip Code **76015-8643**

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

Name of Employer **Harmison Pharmacies, L.C.** Occupation **Owner/Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-199

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Brad N. Harth

Mailing Address **1134 Washington St**

City **Tell City** State **IN** Zip Code **47586-1827**

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

Name of Employer **Werner Drug Store** Occupation **Owner/Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-201

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Richard James Hartig

Mailing Address **703 Main St**

City **Dubuque** State **IA** Zip Code **52004**

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

Name of Employer **Hartig Drug Corporate** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
03 / 14 / 2013
Transaction ID : 20130404113816-75

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **615.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Hatton
Full Name (Last, First, Middle Initial)

Mailing Address 2723 Windemere Dr

City Valdosta State GA Zip Code 31602-1696

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

Name of Employer The Medicine Shoppe Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-28

Amount of Each Receipt this Period
 500.00

B. Ronna B. Hauser
Full Name (Last, First, Middle Initial)

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer National Community Pharmacists Associa Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-202

Amount of Each Receipt this Period
 80.00

C. H. Edward Heckman
Full Name (Last, First, Middle Initial)

Mailing Address 160 Business Park Cir

City Stoughton State WI Zip Code 53589

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

Name of Employer Compliant Pharmacy Alliance Cooperativ Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-204

Amount of Each Receipt this Period
 416.65

SUBTOTAL of Receipts This Page (optional)..... ▶ 996.65

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Holly W. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 7317 35th Ave NE
 City Seattle State WA Zip Code 98115-5918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rxtra Care Pharmacy View Ridge Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-206
 Amount of Each Receipt this Period
150.00

B. Michael J. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4831 35th Ave SW
 City Seattle State WA Zip Code 98126-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rxtra Care Pharmacy At the Mount Occupation Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-207
 Amount of Each Receipt this Period
150.00

C. Raymond Greg Hickman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 965
 City Monroe State GA Zip Code 30655-0965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carmichael Drugs Occupation Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-209
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Katherine R. Hicks
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 Richland Ave W
 City Aiken State SC Zip Code 29801-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medicine Mart Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-210
 Amount of Each Receipt this Period 150.00

B. John F. Hinkle Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 261 Locust St
 City Columbia State PA Zip Code 17512-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hinkle's Pharmacy, Inc. Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-211
 Amount of Each Receipt this Period 100.00

C. Thomas R. Hodel
 Full Name (Last, First, Middle Initial)
 Mailing Address 299 N Binkley St
 City Soldotna State AK Zip Code 99669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Soldotna Professional Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 13 / 2013
Transaction ID : 20130404113816-29
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	615.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Keith Hodges
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9

City Gloucester State VA Zip Code 23061-0009

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

Name of Employer Gloucester Pharmacy Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-212

Amount of Each Receipt this Period
 150.00

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

Mailing Address 1104 Emerald Dr

City Alexandria State VA Zip Code 22308

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-213

Amount of Each Receipt this Period
 416.65

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

Mailing Address 76-78 W Market St

City Corning State NY Zip Code 14830

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

Name of Employer Market Street Apothecary LLC Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-215

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.65

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Edmund R. Horton		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-216
Mailing Address 2445 Northwest Loop Ste A		Amount of Each Receipt this Period 416.66
City Stephenville State TX Zip Code 76401-1705	FEC ID number of contributing federal political committee. C	
Name of Employer Tanglewood Pharmacy Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98

Full Name (Last, First, Middle Initial) B. Walter M. Hughes Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-217
Mailing Address 216 S Broad St		Amount of Each Receipt this Period 100.00
City Clinton State SC Zip Code 29325-2505	FEC ID number of contributing federal political committee. C	
Name of Employer Sadler-Hughes Apothecary Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Ralph B. Hunter		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-218
Mailing Address PO Box 797		Amount of Each Receipt this Period 100.00
City Richlands State NC Zip Code 28574-0797	FEC ID number of contributing federal political committee. C	
Name of Employer Big Value Discount Drug Center Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional).....▶	616.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Peter K. Illig		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-219
Mailing Address 445 Broad St		Amount of Each Receipt this Period 100.00
City Salamanca	State NY	Zip Code 14779-1424
FEC ID number of contributing federal political committee. C		
Name of Employer Park Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Larry D. Irwin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2013 Transaction ID : 20130404113816-76
Mailing Address 116 E Main St		Amount of Each Receipt this Period 500.00
City Elkin	State NC	Zip Code 28621-3429
FEC ID number of contributing federal political committee. C		
Name of Employer Elk Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Rodney Jackson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013 Transaction ID : 20130404113816-30
Mailing Address PO Box 1078 211 Moody St		Amount of Each Receipt this Period 250.00
City Mason	State TX	Zip Code 76856
FEC ID number of contributing federal political committee. C		
Name of Employer Script Shoppe	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eric T. Juergens
Full Name (Last, First, Middle Initial)

Mailing Address 640 N Fountain Ave

City Springfield State OH Zip Code 45504-2202

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

Name of Employer Madison Avenue Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-226

Amount of Each Receipt this Period 100.00

B. Ira Katz
Full Name (Last, First, Middle Initial)

Mailing Address 78 Gateside PI SE

City Marietta State GA Zip Code 30067-4094

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

Name of Employer Little Five Points Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-227

Amount of Each Receipt this Period 100.00

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

Mailing Address 107 S Duval St

City Claxton State GA Zip Code 30417-2029

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

Name of Employer Kemps Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-229

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark E. Kinney
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Orchard Way
 City Louisville State CO Zip Code 80027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Pharmacy Cooperative Occupation Vice President of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-230
 Amount of Each Receipt this Period 100.00

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

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-231
 Amount of Each Receipt this Period 200.00

C. Charles F. Kohlerman III
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Melvin Dr
 City Brookhaven State PA Zip Code 19015-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2013
Transaction ID : 20130404113816-77
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charles C. Kray		Date of Receipt MM / DD / YYYY 03 / 27 / 2013 Transaction ID : 20130404113816-233
Mailing Address 731 Cherry Dr		Amount of Each Receipt this Period 100.00
City Hershey	State PA	Zip Code 17033-2006
FEC ID number of contributing federal political committee. C		
Name of Employer Hershey Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Stavros L. Ladas		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : 20130404113816-32
Mailing Address 426 S Craft Hwy		Amount of Each Receipt this Period 500.00
City Chickasaw	State AL	Zip Code 36611
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Village Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Shonda K. Lassiter		Date of Receipt MM / DD / YYYY 03 / 27 / 2013 Transaction ID : 20130404113816-34
Mailing Address 3252 SE 29th St		Amount of Each Receipt this Period 365.00
City Del City	State OK	Zip Code 73115-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Lassiter Drug	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	965.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sharlea Leatherwood		Date of Receipt
Mailing Address 7275 N Oak Trfy PO Box 28444		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Gladstone	State MO	Zip Code 64188
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-242
Name of Employer Great Oak Pharmacy	Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. Joseph P. Lech		Date of Receipt
Mailing Address 13 Rockledge Ln		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Tunkhannock	State PA	Zip Code 18657-6855
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-243
Name of Employer Lech's Pharmacy	Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Deanna D. Leikach		Date of Receipt
Mailing Address 2025 Suffolk Rd		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Finksburg	State MD	Zip Code 21048-1633
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-244
Name of Employer Finksburg Pharmacy Inc	Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Neil Leikach		Date of Receipt
Mailing Address 6350 Frederick Rd		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Baltimore	MD	21228-2305
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-245
Name of Employer	Occupation	Amount of Each Receipt this Period
Catonsville Pharmacy Llc	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Ron Lind		Date of Receipt
Mailing Address PO Box 99		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Freeland	WA	98249
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-246
Name of Employer	Occupation	Amount of Each Receipt this Period
Linds' Freeland Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Richard N. Logan Jr.		Date of Receipt
Mailing Address 406 S Main St		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charleston	MO	63834-1644
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-247
Name of Employer	Occupation	Amount of Each Receipt this Period
L And S Discount Phcy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bradley A. Lueneburg
 Full Name (Last, First, Middle Initial)
 Mailing Address 237 Hassan St SE
 City Hutchinson State MN Zip Code 55350-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Rexall Drug Occupation Owner/Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-248
 Amount of Each Receipt this Period
 100.00

B. Scott Mace
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 777
 City Rock Hill State NY Zip Code 12775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Hill Pharmacy Occupation Owner/Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 20130404113816-78
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-250
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Linda Garrelts MacLean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6230 E Custer Ln
 City Spokane State WA Zip Code 99223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wsu Occupation Chair and Clinical Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-251
 Amount of Each Receipt this Period 25.00

B. Eddie M. Madden
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 College Ave
 City Elberton State GA Zip Code 30635-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maddens Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-252
 Amount of Each Receipt this Period 100.00

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

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-254
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nasir Mahmood
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 339

City Pine Plains	State NY	Zip Code 12567-0339
---------------------	-------------	------------------------

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

Name of Employer Pine Plains Pharmacy Inc	Occupation Owner/Manager
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20130404113816-256

Amount of Each Receipt this Period

100.00

B. James L. Martin Sr.
Full Name (Last, First, Middle Initial)
Mailing Address 410 Golf Crest Ln

City Lakeway	State TX	Zip Code 78734
-----------------	-------------	-------------------

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

Name of Employer Dripping Springs Pharmacy	Occupation Owner/Manager
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20130404113816-261

Amount of Each Receipt this Period

100.00

C. William V. Mattson
Full Name (Last, First, Middle Initial)
Mailing Address 2800 N Sheridan Rd

City Chicago	State IL	Zip Code 60657-6156
-----------------	-------------	------------------------

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

Name of Employer Ballin Pharmacy Inc	Occupation Owner/Manager
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20130404113816-262

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. George M. McAlanis
Full Name (Last, First, Middle Initial)

Mailing Address 242 Market St

City Millersburg State PA Zip Code 17061

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

Name of Employer Millersburg Pharmacy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-263

Amount of Each Receipt this Period
 100.00

B. David P. McCagh
Full Name (Last, First, Middle Initial)

Mailing Address 101 N Centre St

City Cumberland State MD Zip Code 21502-2307

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

Name of Employer Walsh Mccagh Kellough Phcy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 20130404113816-79

Amount of Each Receipt this Period
 500.00

C. Leigh McConchie
Full Name (Last, First, Middle Initial)

Mailing Address 1 Main St

City Lake Luzerne State NY Zip Code 12846

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

Name of Employer Stone's Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-265

Amount of Each Receipt this Period
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mike McMahan
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 389

City State Zip Code
Goldthwaite TX 76844

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

Name of Employer Occupation
McMahan Pharmacy Services Inc Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-35

Amount of Each Receipt this Period
500.00

B. Warren G. Meador
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1749

City State Zip Code
Elk City OK 73648-1749

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

Name of Employer Occupation
Pharmacy Providers of Oklahoma, Inc. Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-267

Amount of Each Receipt this Period
150.00

C. Debra M. Meehan
Full Name (Last, First, Middle Initial)

Mailing Address 11350 S Cicero Ave
Ste C

City State Zip Code
Alsip IL 60803-2830

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

Name of Employer Occupation
Medication Management Partners, Llc PHARMACIST/MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : 20130404113816-36

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1015.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Lonnie L. Meredith

Mailing Address 100 S Avenue E

City Haskell State TX Zip Code 79521-0528

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

Name of Employer The Drug Store Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-269

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Marc Merrill

Mailing Address 606 N Main St

City Mishawaka State IN Zip Code 46545-6620

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

Name of Employer Merrill Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-270

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Kerry S. Milano

Mailing Address 3544 W Esplanade Ave

City Metairie State LA Zip Code 70002

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

Name of Employer Giuffria Inc /Chateau Drugs Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-271

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 678 Wyckoff Ave
 City Wyckoff State NJ Zip Code 07481-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Miller's of Wyckoff, Inc. Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-274
 Amount of Each Receipt this Period 100.00

B. Drew Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Laramie Rd
 City Griffin State GA Zip Code 30224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wynn's Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-37
 Amount of Each Receipt this Period 250.00

C. Michael W. Minesinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 N Western Ave
 City Peoria State IL Zip Code 61604-5638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alwan Pharmacy Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-275
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Martin B. Mintz		Date of Receipt
Mailing Address 6701 Harford Rd		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Baltimore	MD	21234
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-276
Name of Employer	Occupation	Amount of Each Receipt this Period
Northern Pchy And Med Equipment	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. J. Scott Miskovsky		Date of Receipt
Mailing Address PO Box A		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Forest City	PA	18421-0130
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-277
Name of Employer	Occupation	Amount of Each Receipt this Period
Red Cross Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) c. Hamid Mohaghegh		Date of Receipt
Mailing Address 108 Grove St Ste 106		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Worcester	MA	1605
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-39
Name of Employer	Occupation	Amount of Each Receipt this Period
Family Pharmacy Management Co, Inc.	President	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John M. Mohrmann Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 Saint George St
 City Gonzales State TX Zip Code 78629-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mohrmann's Drug Store Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : 20130404113816-40
 Amount of Each Receipt this Period
 500.00

B. Richard B. Moon
 Full Name (Last, First, Middle Initial)
 Mailing Address 863 Fairmount Ave
 City Jamestown State NY Zip Code 14701-2521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pharmacy Innovations Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-41
 Amount of Each Receipt this Period
 250.00

C. Bill D. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1306 12th Ave NW
 City Ardmore State OK Zip Code 73401-1285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Roberts Express Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-278
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Steven F. Moore

Mailing Address 28 Montcalm Ave

City State Zip Code
Plattsburgh NY 12901-1533

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

Name of Employer Occupation
Condo Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-280

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. William O. Moore

Mailing Address 101 W Sinton St
Ste B

City State Zip Code
Sinton TX 78387-2552

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

Name of Employer Occupation
Moores Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-281

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Tom Morrison

Mailing Address 124 S Madison Ave

City State Zip Code
Aurora MO 65605-1427

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

Name of Employer Occupation
Aurora Professional Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : 20130404113816-42

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fanny Musto
Full Name (Last, First, Middle Initial)
Mailing Address 1409 Wickapecko Dr
City Ocean State NJ Zip Code 07712-4201
FEC ID number of contributing federal political committee. **C**
Name of Employer Wickapecko Pharmacy & Medical Supplies Occupation Owner/Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 27 / 2013**
Transaction ID : 20130404113816-283
Amount of Each Receipt this Period **100.00**

B. P. Kevin Nestrick
Full Name (Last, First, Middle Initial)
Mailing Address 1151 W Iron Springs Rd Ste D
City Prescott State AZ Zip Code 86305-1614
FEC ID number of contributing federal political committee. **C**
Name of Employer Altius Health Occupation Owner/Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **03 / 27 / 2013**
Transaction ID : 20130404113816-284
Amount of Each Receipt this Period **150.00**

C. Mary Lou Notaro
Full Name (Last, First, Middle Initial)
Mailing Address 701 Seneca St Ste 205
City Buffalo State NY Zip Code 14210
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Support Services Occupation Owner/Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 27 / 2013**
Transaction ID : 20130404113816-285
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **350.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gerard O'Hare		Date of Receipt
Mailing Address 66 W Pike St		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Canonsburg	PA	15317-1314
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-286
C		Amount of Each Receipt this Period
		150.00
Name of Employer	Occupation	
Jeffrey's Drug Store, Inc.	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.00	

Full Name (Last, First, Middle Initial) B. Tony Ogden		Date of Receipt
Mailing Address 6415 Sands Dr		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Pasadena	TX	77505-3841
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-288
C		Amount of Each Receipt this Period
		416.65
Name of Employer	Occupation	
Groeway Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1249.95	

Full Name (Last, First, Middle Initial) C. Anthony Ortiz		Date of Receipt
Mailing Address 8416 Kennedy Blvd		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
North Bergen	NJ	7047
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-289
C		Amount of Each Receipt this Period
		200.00
Name of Employer	Occupation	
Atlas Drug And Nutrition	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00	

SUBTOTAL of Receipts This Page (optional).....▶	766.65
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bill Osborn
Full Name (Last, First, Middle Initial)

Mailing Address 11 W Central Ave

City Miami State OK Zip Code 74354

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

Name of Employer Osborn Drugs, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-290

Amount of Each Receipt this Period
 100.00

B. Matthew C. Osterhaus
Full Name (Last, First, Middle Initial)

Mailing Address 918 W Platt St # 2

City Maquoketa State IA Zip Code 52060-2038

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

Name of Employer Osterhaus Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-43

Amount of Each Receipt this Period
 500.00

C. Paul B. Pagnotta
Full Name (Last, First, Middle Initial)

Mailing Address 340 Delaware Ave

City Delmar State NY Zip Code 12054

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

Name of Employer Four Corners Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-291

Amount of Each Receipt this Period
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dhiman Parikh
Full Name (Last, First, Middle Initial)

Mailing Address 305 Broadway

City Paterson State NJ Zip Code 07501-2102

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

Name of Employer Williams Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : 20130404113816-85

Amount of Each Receipt this Period
 500.00

B. Douglas H. Parker
Full Name (Last, First, Middle Initial)

Mailing Address 1005 E Court St Ste 100

City Seguin State TX Zip Code 78155-5846

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

Name of Employer Parkers City Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-44

Amount of Each Receipt this Period
 365.00

C. Larry D. Plunk Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 8455 9th Ave

City Port Arthur State TX Zip Code 77642

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

Name of Employer King's Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-294

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 965.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter A. Pogany
Full Name (Last, First, Middle Initial)

Mailing Address 611 Park Ave

City Plainfield State NJ Zip Code 07060-1612

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

Name of Employer Rapps Pharmacy Inc Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-295

Amount of Each Receipt this Period 100.00

B. Theodore A. Pomarico
Full Name (Last, First, Middle Initial)

Mailing Address 239 Old Bergen Rd

City Jersey City State NJ Zip Code 07305-2620

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

Name of Employer Tamp, Inc./T/A Pomarico Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 14 / 2013
Transaction ID : 20130404113816-81

Amount of Each Receipt this Period 365.00

C. William Popomaronis
Full Name (Last, First, Middle Initial)

Mailing Address 14615 Manor Rd

City Phoenix State MD Zip Code 21131-1720

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

Name of Employer National Community Pharmacists Associa Occupation Vice President, Long Term & Home Healt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20130404113816-297

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 565.00

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

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

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

FOR LINE NUMBER:	PAGE 61 OF 91
(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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dared L. Price

Mailing Address 905 Main St

City Winfield State KS Zip Code 67156-3604

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

Name of Employer Graves Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-299

Amount of Each Receipt this Period
100.00

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

Mailing Address 333 S Michigan Ave

City Saginaw State MI Zip Code 48602-2024

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

Name of Employer Princing's Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-300

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Rissa H. Pryse

Mailing Address 310 E Central Ave

City La Follette State TN Zip Code 37766-3617

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

Name of Employer Terrys Pharmacy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-301

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)
A. Thomas M. Quinlan

Mailing Address 107 N Main St

City Wayland State NY Zip Code 14572-1033

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

Name of Employer Quinlan Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-304

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Troy Rabenberg

Mailing Address 120 1st St S

City Montgomery State MN Zip Code 56069-1645

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

Name of Employer Herrmann Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : 20130404113816-49

Amount of Each Receipt this Period
500.00

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

Mailing Address 1320 E 200 S

City Salt Lake City State UT Zip Code 84102-2604

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

Name of Employer University Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-306

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Robert D. Ray

Mailing Address 1831 E. Broad SST STE 207

City Mansfield	State TX	Zip Code 76063-9171
-------------------	-------------	------------------------

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

Name of Employer Rays Pharmacy	Occupation Owner/Manager
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20130404113816-50

Amount of Each Receipt this Period
1000.00

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

Mailing Address 114 S Huron Ave

City Harbor Beach	State MI	Zip Code 48441-1201
----------------------	-------------	------------------------

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

Name of Employer Harbor Drug	Occupation Owner/Manager
---------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20130404113816-307

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Harry S. Reece

Mailing Address 129 W Main St

City Mountain City	State TN	Zip Code 37683-1307
-----------------------	-------------	------------------------

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

Name of Employer Family Prescription Center	Occupation Owner/Manager
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20130404113816-308

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Rhymer		Date of Receipt
Mailing Address 2300 Exchange Ave		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oklahoma City	OK	73108-2436
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-51
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Exchange Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steward Scott Rigenbach		Date of Receipt
Mailing Address 205 Lakeshore Dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Vinita	OK	74351
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-53
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Langley Drug	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Riley		Date of Receipt
Mailing Address 417 S Victory St		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Little Rock	AR	72201-2932
FEC ID number of contributing federal political committee.		Transaction ID : 20130404113816-312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Arkansas Pharmacists Association	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Jerrod Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 13925 N May Ave
 City Oklahoma City State OK Zip Code 73134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Flourish Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : 20130404113816-54
 Amount of Each Receipt this Period
 250.00

B. Paul Ruwe
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Scott St
 City Covington State KY Zip Code 41011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ruwe Family Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-313
 Amount of Each Receipt this Period
 100.00

C. Ivan Saiff
 Full Name (Last, First, Middle Initial)
 Mailing Address 7401 Lahana Cir
 City Boynton Beach State FL Zip Code 33437-7172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saiff Drugs Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-314
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sal F. Saraniti
Full Name (Last, First, Middle Initial)

Mailing Address 141 Ocean Beach Trl

City Vero Beach State FL Zip Code 32963

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

Name of Employer Occupation
Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-315

Amount of Each Receipt this Period
200.00

B. Edward A. Sayre
Full Name (Last, First, Middle Initial)

Mailing Address 128 High St

City Mineral Point State WI Zip Code 53565-1208

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

Name of Employer Occupation
Ivey's Pharmacy, Inc. Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-317

Amount of Each Receipt this Period
100.00

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

Mailing Address 4187 Hamilton Ave

City Cincinnati State OH Zip Code 45223-2245

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

Name of Employer Occupation
Schaeper's Northside Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20130404113816-318

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin Schweers
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Community Pharmacists Associa Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-91
 Amount of Each Receipt this Period
 100.00

B. Jeffrey D. Sigler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4525 W6th St
 City Lawrence State KS Zip Code 66049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sigler Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-321
 Amount of Each Receipt this Period
 100.00

C. Darrin W. Silbaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Willow Lake Dr
 City Carlisle State PA Zip Code 17015-9033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harrisburg Pharmacy Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-322
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Robert M. Slagle

Mailing Address PO Box 497
/ N 6 Clark St

City Republic State WA Zip Code 99166

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

Name of Employer Republic Drug Store Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 27 / 2013

Transaction ID : 20130404113816-323

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City Croydon State PA Zip Code 19021-5412

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

Name of Employer Mats Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
03 / 27 / 2013

Transaction ID : 20130404113816-324

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Brian E. Smith

Mailing Address 100 E Irving Blvd

City Irving State TX Zip Code 75060

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

Name of Employer American Pharmacies Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
03 / 14 / 2013

Transaction ID : 20130404113816-82

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **715.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David M. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 155 Main St

City Brookville State PA Zip Code 15825-1281

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

Name of Employer Means Lauf Super Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-325

Amount of Each Receipt this Period
200.00

B. Donald R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 802 E Medical Ct

City Post Falls State ID Zip Code 83854-7298

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

Name of Employer Medicine Man West Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-326

Amount of Each Receipt this Period
150.00

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

Mailing Address 2301 E Mulberry St

City Angleton State TX Zip Code 77515-3804

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

Name of Employer Medicine Shoppe Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-330

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James O. Spoon
Full Name (Last, First, Middle Initial)

Mailing Address 1325 N Old North Pl

City Sand Springs State OK Zip Code 74063-7805

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

Name of Employer T.R.B. Drugs, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-331

Amount of Each Receipt this Period
 100.00

B. David A. Stevens
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 746

City Canyonville State OR Zip Code 97417

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

Name of Employer Gordons Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-332

Amount of Each Receipt this Period
 150.00

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

Mailing Address PO Box 217
401 Corsbie St,

City Hartselle State AL Zip Code 35640-0217

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

Name of Employer Buy Rite Drugs Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-333

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michael L. Stuart

Mailing Address 18565 Business 13

City Branson West State MO Zip Code 65737

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

Name of Employer Lakeland Pharmacy Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-334

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Tammy S. Stutes

Mailing Address 2509 Charity St

City Abbeville State LA Zip Code 70510

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

Name of Employer Cashway Pharmacy of Abbeville Occupation Owner/Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-335

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. John G. Sutter

Mailing Address 700 Washington St

City Horicon State WI Zip Code 53032

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

Name of Employer Marshland Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20130404113816-336

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gregory B. Thompson		Date of Receipt
Mailing Address 224 E Bay Blvd S		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Traverse City	MI	49686
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-338
Name of Employer	Occupation	Amount of Each Receipt this Period
Thompson Pharmacy Inc	President	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Virgil F. Todd		Date of Receipt
Mailing Address 10321 SE 55th St		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oklahoma City	OK	73150-4521
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-339
Name of Employer	Occupation	Amount of Each Receipt this Period
North Rock Community Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. James Tristani		Date of Receipt
Mailing Address 1510 Conowingo Rd Ste A		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bel Air	MD	21014-1879
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130404113816-340
Name of Employer	Occupation	Amount of Each Receipt this Period
Harford Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Greg Turner
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 717

City State Zip Code
Dale IN 47523-0717

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

Name of Employer Occupation
Turner Rx Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-342

Amount of Each Receipt this Period
100.00

B. Luke D. Vander Bleek
Full Name (Last, First, Middle Initial)

Mailing Address 124 E Main St

City State Zip Code
Morrison IL 61270-2638

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

Name of Employer Occupation
Fitzgerald Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-345

Amount of Each Receipt this Period
100.00

C. Chhagan Vasoya
Full Name (Last, First, Middle Initial)

Mailing Address 752 E Arrow Hwy

City State Zip Code
Pomona CA 91767-2247

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

Name of Employer Occupation
Express Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : 20130404113816-347

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Victor A. Vena
Full Name (Last, First, Middle Initial)

Mailing Address 1322 W State St

City Olean State NY Zip Code 14760-2036

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

Name of Employer Vic Vena Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-348

Amount of Each Receipt this Period
 100.00

B. Evan James Vickers
Full Name (Last, First, Middle Initial)

Mailing Address 91 N Main St

City Cedar City State UT Zip Code 84720-2648

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

Name of Employer Bullochs Drug Store Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-349

Amount of Each Receipt this Period
 100.00

C. Kenneth Villani
Full Name (Last, First, Middle Initial)

Mailing Address 8285 Jericho Tpke

City Woodbury State NY Zip Code 11797-1886

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

Name of Employer Cottage Pharmacy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-350

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Michael Vinson		Date of Receipt 03 / 27 / 2013 Transaction ID : 20130404113816-92
Mailing Address 934 Adams Ave		Amount of Each Receipt this Period 200.00
City Montgomery	State AL	Zip Code 36104-4422
FEC ID number of contributing federal political committee. C	Name of Employer Adams Drugs	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Warnken		Date of Receipt 03 / 27 / 2013 Transaction ID : 20130404113816-62
Mailing Address 711 W 38th St Ste C3		Amount of Each Receipt this Period 250.00
City Austin	State TX	Zip Code 78705
FEC ID number of contributing federal political committee. C	Name of Employer 38th Street Pharmacy Inc	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dirk White		Date of Receipt 03 / 27 / 2013 Transaction ID : 20130404113816-355
Mailing Address 106 Lincoln St		Amount of Each Receipt this Period 150.00
City Sitka	State AK	Zip Code 99835-7540
FEC ID number of contributing federal political committee. C	Name of Employer Whites Pharmacy	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gary Wientjes
Full Name (Last, First, Middle Initial)

Mailing Address 234 Medical Cir

City Morehead State KY Zip Code 40351-1100

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

Name of Employer Total Care Pharmacy #6 Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-356

Amount of Each Receipt this Period
 100.00

B. Justin B. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 1212 S Douglas Blvd Ste A

City Midwest City State OK Zip Code 73130-5213

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

Name of Employer Valu-Med Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-357

Amount of Each Receipt this Period
 100.00

C. Lonny D. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 18204

City Oklahoma City State OK Zip Code 73154

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

Name of Employer Pharmacy Providers of Oklahoma, Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-359

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eric S. Winegardner
Full Name (Last, First, Middle Initial)

Mailing Address 3306 N Kickapoo Ave

City Shawnee State OK Zip Code 74804-1704

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

Name of Employer Eric's Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-360

Amount of Each Receipt this Period
 100.00

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

Mailing Address 118 S Vine St

City Arthur State IL Zip Code 61911-1334

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

Name of Employer Dicks Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-362

Amount of Each Receipt this Period
 100.00

C. James T. Wood
Full Name (Last, First, Middle Initial)

Mailing Address 3868 Highway 431

City Roanoke State AL Zip Code 36274

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

Name of Employer Emerging Home Care Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20130404113816-363

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 78 OF 91
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Richard Yost

Mailing Address 120 W Main St

City Mason State OH Zip Code 45040-1708

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

Name of Employer Yost Pharmacy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2013

Transaction ID : 20130404113816-83

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	42320.59

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address American Expressway

City Ft. Lauderdale State FL Zip Code 33337

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VF8C5194B74C9E1916B5

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. EFS National Bank

Mailing Address PO Box 30668

City Memphis State TN Zip Code 38130

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V3786056BBC520B6E3D9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. EFS National Bank

Mailing Address PO Box 30668

City Memphis State TN Zip Code 38130

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VE3A3728EBA328DF2F9C

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Amodei for Nevada

Mailing Address 503 N Division St

City Carson City State NV Zip Code 89703

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mark E. Amodei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 76780A8952340095E8A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Arkansas for Leadership Political Action Committee (ARKPAC)

Mailing Address PO Box 1672

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Arkansas for Leadership Political Action Committee (ARKPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : BB202AB2FDC17AF01DF

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for Congress

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898-0505

Purpose of Disbursement
2014 Primary

011

Candidate Name

William Cassidy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : A61300CC186A85ED3B0

Amount of Each Disbursement this Period

1500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bill Owens for Congress

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

William L. Owens

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : 132FD25EF1AFAF5C326

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Buck McKeon for Congress

Mailing Address 23942 Lyons Ave #105

City State Zip Code
Santa Clarita CA 91321

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Howard P. McKeon

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013

Transaction ID : 366254F2328AC074968

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address PO Box 17813

City State Zip Code
Richmond VA 23226

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Eric Ivan Cantor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013

Transaction ID : A4E80CD9A933A530938

Amount of Each Disbursement this Period

1500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Cmr Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Cmr Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 1610F920FAE4A71D418

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Freedom Project; the

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Freedom Project; the

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2013

Transaction ID : F3127C71A9D728F326E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends for Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
2014 Primary

011

Candidate Name

Jim McDermott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: WA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 4DA351C810852CC6690

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
2014 Primary

011

Candidate Name

Jack Kingston

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 933CC020C339B17A43A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Jim Inhofe Committee

Mailing Address PO Box 13300

City Oklahoma City State OK Zip Code 73113

Purpose of Disbursement
2014 Primary

011

Candidate Name

James Mountain Inhofe

Category/
Type

Office Sought: House
 Senate
 President
State: OK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : DA325FD07EC137CF63A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : 46FE56293C0B4C6556F

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Friends of John Boehner

Mailing Address 7908 Cincinatti Dayton Road
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

John A. Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : B82FFA535F8154C567D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Max S. Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : 4273674B8BAED4718ED

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Max S. Baucus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 63CFB7CB46B68C42A07

Amount of Each Disbursement this Period

3000.00

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

13000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Friends of Rich Nugent

Mailing Address PO Box 15668

City Brooksville State FL Zip Code 34604-0122

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Richard B. Nugent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2013

Transaction ID : 99ED4EDE6D6BC499518

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Impact

Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2013 Contribution

011
Category/
Type

Candidate Name

Impact

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : B25CECD1F2A5F162463

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jim Gerlach for Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480-0087

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

James W. Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 8335C755B849D36D290

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Judy Chu for Congress

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2014 Primary

Candidate Name

Judy Chu

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

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

Transaction ID : AF4B43812AFEDBFEBB8

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2014 Primary

Candidate Name

Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

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

Transaction ID : 31C16A474870DEEC825

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Lee Terry for Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement
2014 Primary

Candidate Name

Lee Terry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

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

Transaction ID : 9D85091113E8D9E9E3F

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Marino for Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas Anthony Marino

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : 6A83EA330110F7FEEE9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 General- Reversal of check originally issued 1/31/13

011

Candidate Name

Mark Lunsford Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2013

Transaction ID : 2D3942D83D1D20E7FE4

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

C. Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 Primary- Reversal of check originally issued 1/31/13

011

Candidate Name

Mark Lunsford Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2013

Transaction ID : 603124E57F2E729D99B

Amount of Each Disbursement this Period

-500.00

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Mark Lunsford Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2013

Transaction ID : 9D83CA0D6B976330FD4

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Mark Lunsford Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2013

Transaction ID : AB13C7E302B29D8BEF1

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Morgan Griffith for Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

H. Morgan Griffith

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 9760CD589CFA74E2C14

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2014 Primary

011

Candidate Name

Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : F75C32135BDF233D8DB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2014 Primary

011

Candidate Name

Renee Jacisin Ellmers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 302910B7322A0B6AA59

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rob Wittman for Congress

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement
2014 Primary

011

Candidate Name

Robert J. Wittman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : DFA80709E14650D1B08

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Rogers for Congress

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116-0581

Purpose of Disbursement
2014 Primary

Candidate Name

Mike J. Rogers

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 714573355B9D90D19DB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Shelley Moore Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
2014 Primary

Candidate Name

Shelley Moore Capito

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 13B255F6679476A4831

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
2014 Primary

Candidate Name

Steve J. Israel

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 88C7A28000C29FEE1B9

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Treasure State PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Treasure State PAC

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 70C26CBF6CE814AF383

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : 0CD6CA974D62A51AD16

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Welch for Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Peter F. Welch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 6FCF9D26ECC6E7F7134

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

68000.00