

**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)..... ▶