

KERR DRUG

RECEIVED
FEC MAIL CENTER
2010 APR 15 PM 12:09

April 14, 2010

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

Via UPS Next Day

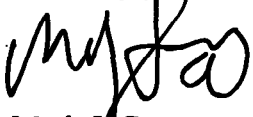
Re: Kerr Drug, Inc. PAC
April 15 Quarterly Report

Dear Sir or Madam:

In connection with the above-referenced entity, enclosed please find the April 15 Quarterly Report of Receipts and Disbursements for the period beginning January 1, 2010 through March 31, 2010.

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

Sincerely yours,



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

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

10030293803

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2010 APR 15 PM 12:09

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

K E R R , D R U G , I N C . P A C

ADDRESS (number and street) 3 2 2 0 S P R I N G F O R E S T R O A D
 Check if different than previously reported. (ACC)
R A L E I G H , N C 2 7 6 1 6 - 2 8 2 2

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

C 0 0 3 6 8 3 8 1

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

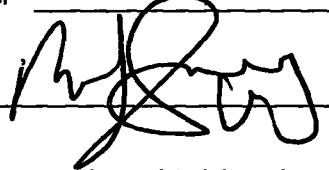
- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 0 1 / M M M / D D D / Y Y Y Y Y Y 0 1 / Y Y Y Y Y Y 2 0 1 0 through M M M / D D D / Y Y Y Y Y Y 0 3 / M M M / D D D / Y Y Y Y Y Y 3 1 / Y Y Y Y Y Y 2 0 1 0

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

Type or Print Name of Treasurer **MARK I GREGORY**

Signature of Treasurer 

Date M M M / D D D / Y Y Y Y Y Y 0 4 / M M M / D D D / Y Y Y Y Y Y 1 5 / Y Y Y Y Y Y 2 0 1 0

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

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

10030293804

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

KERR DRUG, INC. PAC

Report Covering the Period: From:

MM	DD	YYYY
01	01	2010

 To:

MM	DD	YYYY
03	31	2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYYYY</td></tr><tr><td>2010</td></tr></table>	YYYYYY	2010		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1916966</td></tr></table>	1916966
YYYYYY					
2010					
1916966					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1916966</td></tr></table>	1916966			
1916966					
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>301900</td></tr></table>	301900	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>301900</td></tr></table>	301900	
301900					
301900					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2218866</td></tr></table>	2218866	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2218866</td></tr></table>	2218866	
2218866					
2218866					
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>225000</td></tr></table>	225000	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>225000</td></tr></table>	225000	
225000					
225000					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1993866</td></tr></table>	1993866	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1993866</td></tr></table>	1993866	
1993866					
1993866					
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00</td></tr></table>	00			
00					
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00</td></tr></table>	00			
00					

10030293805

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

Write or Type Committee Name

KERR DRUG, INC. PAC

Report Covering the Period: From:

MM	DD
01	01

 /

YYYYYY
2010

 To:

MM	DD
03	31

 /

YYYYYY
2010

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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).....	3 0 1 9 0 0	3 0 1 9 0 0
(ii) Unitemized	0 0	0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3 0 1 9 0 0	3 0 1 9 0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs).....	0 0	0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	3 0 1 9 0 0	3 0 1 9 0 0
12. Transfers From Affiliated/Other Party Committees.....	0 0	0 0
13. All Loans Received.....	0 0	0 0
14. Loan Repayments Received.....	0 0	0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0 0	0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0 0	0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0 0	0 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0 0	0 0
(b) Levin Funds (from Schedule H5).....	0 0	0 0
(c) Total Transfers (add 18(a) and 18(b))..	0 0	0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3 0 1 9 0 0	3 0 1 9 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3 0 1 9 0 0	3 0 1 9 0 0

10030293806

DETAILED SUMMARY PAGE
of Disbursements

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 0	0 0
(ii) Non-Federal Share.....	0 0	0 0
(b) Other Federal Operating Expenditures	0 0	0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0	0 0
22. Transfers to Affiliated/Other Party Committees.....	0 0	0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2 2 5 0 0 0	2 2 5 0 0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0 0	0 0
26. Loan Repayments Made.....	0 0	0 0
27. Loans Made.....	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0	0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs).....	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0	0 0
29. Other Disbursements	0 0	0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0	0 0
(ii) "Levin" Share.....	0 0	0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0	0 0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0 0	0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2 2 5 0 0 0	2 2 5 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2 2 5 0 0 0	2 2 5 0 0 0

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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)	2 2 5 0 0 0	2 2 5 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 2 5 0 0 0	2 2 5 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0	0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0	0 0

10030293808

**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	OF
	<input 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

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

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

Full Name (Last, First, Middle Initial) A. Brown, Douglas Reams		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 105 Woodmere Lane City State Zip Code Goldsboro, North Carolina 27530		Amount of Each Receipt this Period 17400
FEC ID number of contributing federal political committee. C	Occupation Management	
Name of Employer Kerr Drug, Inc.	Aggregate Year-to-Date ▼ 17400	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Burke, Christopher L.		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 3220 Spring Forest Road City State Zip Code Raleigh, North Carolina 27616		Amount of Each Receipt this Period 3000
FEC ID number of contributing federal political committee. C	Occupation Management	
Name of Employer Kerr Drug, Inc.	Aggregate Year-to-Date ▼ 3000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Carroll, Kathryn R.		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 7816 Mayfaire Crest Lane, #206 City State Zip Code Raleigh, North Carolina 27615		Amount of Each Receipt this Period 9000
FEC ID number of contributing federal political committee. C	Occupation Management	
Name of Employer Kerr Drug, Inc.	Aggregate Year-to-Date ▼ 9000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	29400
TOTAL This Period (last page this line number only).....▶	

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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input 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)

KERR DRUG, INC. PAC

Full Name (Last, First, Middle Initial)

A. Collums, Elizabeth F.

Mailing Address
1416 Debra Drive

City State Zip Code
Cary, North Carolina 27511

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

Name of Employer Occupation
Kerr Drug, Inc. Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1 2 0 0 0

Date of Receipt

0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

1 2 0 0 0

B. Dorsett, Bobby J.

Mailing Address
8005 Kukul Court

City State Zip Code
Raleigh, North Carolina 27613

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

Name of Employer Occupation
Kerr Drug, Inc. Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
3 5 0 0 0

Date of Receipt

0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

3 5 0 0 0

C. Gibson, Joseph P.

Mailing Address
7212 Lowell Ridge Road

City State Zip Code
Raleigh, North Carolina 27616

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

Name of Employer Occupation
Kerr Drug, Inc. Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
6 0 0 0

Date of Receipt

0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

6 0 0 0

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

5 3 0 0 0

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

10030293810

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

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

FOR LINE NUMBER:		PAGE	OF
<input 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)

KERR DRUG, INC. PAC

Full Name (Last, First, Middle Initial)

A. Gray, Richard H.

Mailing Address

309 Alderson Road

City

Washington, DC 27889

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Kerr Drug, Inc.

Occupation

Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0

Date of Receipt

MM / DD / YYYY
0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

B. Gregory, Mark J.

Mailing Address

1709 Chatsworth Lane

City

Raleigh, North Carolina 27614

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Kerr Drug, Inc.

Occupation

Management

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 5 0 0

Date of Receipt

MM / DD / YYYY
0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

1 0 5 0 0

Full Name (Last, First, Middle Initial)

C. Harshman, Daniel K.

Mailing Address

702 S. Third Street

City

Carolina Beach, North Carolina 28428

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Kerr Drug, Inc.

Occupation

Management

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 0 0 0

Date of Receipt

MM / DD / YYYY
0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

9 0 0 0

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

2 2 5 0 0

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

10030293811

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input 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)

KERR DRUG, INC. PAC

Full Name (Last, First, Middle Initial)

A. Houston, Owen W.

Mailing Address

880 Sumner Road

City State Zip Code

Pink Hill, North Carolina 28572

FEC ID number of contributing federal political committee.

C

Name of Employer

Kerr Drug, Inc.

Occupation

Pharmacist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0

Date of Receipt

0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

B. Lamb, Gerald J.

Mailing Address

104 Kenilworth Road

City State Zip Code

Summerville, South Carolina 29485

FEC ID number of contributing federal political committee.

C

Name of Employer

Kerr Drug, Inc.

Occupation

Management

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 2 0 0 0

Date of Receipt

0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

1 2 0 0 0

Full Name (Last, First, Middle Initial)

C. Lingerfeldt, Theodore

Mailing Address

106 Windrock Lane

City State Zip Code

Cary, North Carolina 27511

FEC ID number of contributing federal political committee.

C

Name of Employer

Kerr Drug, Inc.

Occupation

Management

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 0 0 0

Date of Receipt

0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period

9 0 0 0

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

2 4 0 0 0

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

10030293812

**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	OF
	<input 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

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

A. Petri, Ralph
Full Name (Last, First, Middle Initial)

Mailing Address
2320 Sunny Stone Way

City State Zip Code
Raleigh, North Carolina 27613

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

Name of Employer Occupation
Kerr Drug, Inc. Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8 0 5 0 0

Date of Receipt
0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period
8 0 5 0 0

B. Rankin, Donald F.
Full Name (Last, First, Middle Initial)

Mailing Address
105 Shoshone Road

City State Zip Code
Lexington, North Carolina 27295

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

Name of Employer Occupation
Kerr Drug, Inc. Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 0 0 0

Date of Receipt
0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period
6 0 0 0

c. Riddle, Joseph G.
Full Name (Last, First, Middle Initial)

Mailing Address
3175 Odom Road

City State Zip Code
Hope Mills, North Carolina 28348

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

Name of Employer Occupation
Kerr Drug, Inc. Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 0 0 0

Date of Receipt
0 2 / 1 6 / 2 0 1 0

Amount of Each Receipt this Period
3 0 0 0

SUBTOTAL of Receipts This Page (optional)..... ▶ **8 9 5 0 0**

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

10030293813

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

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

Full Name (Last, First, Middle Initial) A. Russell, Lisa		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 4704 Waterford Cove Drive		Amount of Each Receipt this Period 3000
City Raleigh, North Carolina	State Zip Code 27616	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3000	
Name of Employer Kerr Drug, Inc.	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Zawilla, Emil G.		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
Mailing Address 1014 Lylebourne Court		Amount of Each Receipt this Period 80500
City Apex, North Carolina	State Zip Code 27502	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 80500	
Name of Employer Kerr Drug, Inc.	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	83500
TOTAL This Period (last page this line number only).....▶	3,01900

10030293814

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

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

A.

Full Name (Last, First, Middle Initial)
Doug Berger for North Carolina Senate Committee

Date of Disbursement
MM / DD / YYYY
01 / 25 / 2010

Mailing Address
300 North Salisbury Street, Room 526

City State Zip Code
Raleigh, North Carolina 27603

Purpose of Disbursement
Contribution (0 1 1)
Category/Type

Candidate Name
Doug Berger

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
2 5 0 0 0

B.

Full Name (Last, First, Middle Initial)
Team Emerson

Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Mailing Address
507 Capitol Court NE, #100

City State Zip Code
Washington, DC 20002

Purpose of Disbursement
Contribution (0 1 1)
Category/Type

Candidate Name
Jo Ann Emerson

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
2 5 0 0 0

C.

Full Name (Last, First, Middle Initial)
Josh Stein for North Carolina Senate Committee

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2010

Mailing Address
220 Hillsborough Street

City State Zip Code
Raleigh, North Carolina 27603

Purpose of Disbursement
Contribution (0 1 1)
Category/Type

Candidate Name
Josh Stein

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
2 5 0 0 0

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7 5 0 0 0

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input 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)

KERR DRUG, INC. PAC

Full Name (Last, First, Middle Initial)

A.

Long Leaf Pine PAC

Mailing Address
426 C Street, NE

City **Washington, DC** State Zip Code **20002**

Purpose of Disbursement
Contribution

Candidate Name
Various

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period

1 0 0 0 0 0

Full Name (Last, First, Middle Initial)

B.

Neal Hunt for North Carolina Senate

Mailing Address
2600 Fairview Road

City **Raleigh, North Carolina** State Zip Code **27608**

Purpose of Disbursement
Contribution

Candidate Name
Neal Hunt

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period

2 5 0 0 0 0

Full Name (Last, First, Middle Initial)

C.

The Committee to Elect Jeff Barnhart

Mailing Address
Post Office Box 1137

City **Concord, North Carolina** State Zip Code **28026-1137**

Purpose of Disbursement
Contribution

Candidate Name
Jeff Barnhart

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2010

Amount of Each Disbursement this Period

2 5 0 0 0 0

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

1 5 0 0 0 0

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

2 2 5 0 0 0

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Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked

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4/15/10

PREPARER
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