

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 National Community Pharmacists Association - PAC

ADDRESS (number and street) 100 Daingerfield Road Alexandria VA 22314-2885

2. FEC IDENTIFICATION NUMBER C C00030809 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09 / 01 / 2014 through 09 / 30 / 2014

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 Ms. Karry LaViolette

Signature of Treasurer Ms. Karry LaViolette [Electronically Filed] Date 10 / 15 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="439934.95"/>	<input type="text" value="439934.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="305680.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25920.95"/>	<input type="text" value="317482.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="331601.93"/>	<input type="text" value="757417.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="116542.07"/>	<input type="text" value="542357.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="215059.86"/>	<input type="text" value="215059.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

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).....	25180.95	251416.89
(ii) Unitemized .....	740.00	66066.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25920.95	317482.89
(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) .....	25920.95	317482.89
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))..... ▶	25920.95	317482.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25920.95	317482.89

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1042.07	8807.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1042.07	8807.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	115500.00	533500.00
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	50.00
(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	50.00
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)) ..	116542.07	542357.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116542.07	542357.98

**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) .....	25920.95	317482.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25920.95	317432.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1042.07	8807.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1042.07	8807.98

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

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

FOR LINE NUMBER: PAGE 6 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 815 Frisco Ave

City State Zip Code  
 Clinton OK 73601-3322

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

Name of Employer Occupation  
 Salisbury Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-30**

Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**B. Julian Ray Adams Jr.**

Mailing Address 922 Ohio Ave

City State Zip Code  
 Lynn Haven FL 32444-2354

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

Name of Employer Occupation  
 Adams Pharmacy Inc Owner/Manager

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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-31**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Aimee Aday**

Mailing Address 2800 Highway 101

City State Zip Code  
 Rogersville AL 35652

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

Name of Employer Occupation  
 Crossroads 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-32**

Amount of Each Receipt this Period  
 50.00

**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 7 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Kenneth W. Aday Jr.**

Mailing Address 2800 Highway 101

City State Zip Code  
 Rogersville AL 35652

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

Name of Employer Occupation  
 Crossroads Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-33**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Colleen A. Agan**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314

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

Name of Employer Occupation  
 National Community Pharmacists Associa Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 378.00

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : 201410159830-1**

Amount of Each Receipt this Period  
 21.00

Full Name (Last, First, Middle Initial)  
**C. Colleen A. Agan**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314

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

Name of Employer Occupation  
 National Community Pharmacists Associa Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 378.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : 201410159830-9**

Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.00

**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 109
	<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 C. Albert**  
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 ▼ **756.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : 201410159830-2**

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

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 ▼ **756.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : 201410159830-10**

Amount of Each Receipt this Period  
**42.00**

**C. Carl Allison**  
Full Name (Last, First, Middle Initial)

Mailing Address 780 SE Baya Dr

City Lake City State FL Zip Code 32025-5403

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

Name of Employer Baya Pharmacy Occupation Owner/Manager

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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-35**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **184.00**

**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 9 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Stephen J. Amato**

Mailing Address 938 Patricia Ave

City State Zip Code  
 Dunedin FL 34698-6023

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

Name of Employer Occupation  
 Medicine Shoppe Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-36**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Robert M. Amity Sr.**

Mailing Address 1111 Scalp Ave

City State Zip Code  
 Johnstown PA 15904-3036

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

Name of Employer Occupation  
 East Hills Family Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-37**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Calvin J. Anthony**

Mailing Address 1002 S Redlands Rd

City State Zip Code  
 Stillwater OK 74074-1069

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

Name of Employer Occupation  
 Tiger Drug Company Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-38**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 10 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Bradley J. Arthur**

Mailing Address 431 Tonawanda St

City State Zip Code  
 Buffalo NY 14207-2625

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

Name of Employer Occupation  
 Black Rock Pharmacy Owner/Manager

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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-39**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Timothy E. Baker**

Mailing Address 53 Narragansett Ave

City State Zip Code  
 Jamestown RI 02835-1100

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

Name of Employer Occupation  
 Baker's Pharmacy of Jamestown Owner/Manager

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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-41**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**C. Steve K. Balas**

Mailing Address 702 S McCarty Ave

City State Zip Code  
 Eagle Lake TX 77434-3212

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

Name of Employer Occupation  
 Eagle Lake Drug Store Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-42**

Amount of Each Receipt this Period  
 150.00

**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: PAGE 11 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ralph W. Balchin**

Mailing Address 575 Glynn St N

City State Zip Code  
 Fayetteville GA 30214-1198

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

Name of Employer Occupation  
 Jones Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-43**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Robert J. Bazemore**

Mailing Address PO Box 546  
 / 10 N Poplar St

City State Zip Code  
 Butler GA 31006

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

Name of Employer Occupation  
 Smiths Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-45**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 205 N Vine St

City State Zip Code  
 El Dorado KS 67042-2055

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

Name of Employer Occupation  
 El Dorado Truecare Phcy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-47**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 109
<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) <b>A. Byron Berry Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-48</b>
Mailing Address 508 N Main St		Amount of Each Receipt this Period 100.00
City Carrollton	State IL	Zip Code 62016-1027
FEC ID number of contributing federal political committee. C	Name of Employer Pharmacy Plus, Inc.	
Occupation Owner/Manager		Aggregate Year-to-Date ▼ 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patrick Berryman</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 <b>Transaction ID : 201410159830-12</b>
Mailing Address 107 S West St		Amount of Each Receipt this Period 83.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer National Community Pharmacists Assc	
Occupation Executive Vice President, Management C		Aggregate Year-to-Date ▼ 1245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patrick Berryman</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : 201410159830-11</b>
Mailing Address 107 S West St		Amount of Each Receipt this Period 83.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer National Community Pharmacists Assc	
Occupation Executive Vice President, Management C		Aggregate Year-to-Date ▼ 1245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.00
<b>TOTAL</b> 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 109
	<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. Lance Bien**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 S Main St

City Milbank State SD Zip Code 57252-1809

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

Name of Employer Bien 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-49**

Amount of Each Receipt this Period  
 50.00

**B. Jay Blackburn**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 Business Park Cir

City Stoughton State WI Zip Code 53589

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

Name of Employer CPA Occupation VP Operations

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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-20**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 10921 N 140th Way

City Scottsdale State AZ Zip Code 85259-4615

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

Name of Employer Diamondback Drugs Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-50**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 250.00

**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 14 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michelle D. Blanton**

Mailing Address 1616 E Main St

City Humboldt      State TN      Zip Code 38343-2904

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

Name of Employer Duvall Drugs Inc      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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-51**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Bonnie Lee Bobbs-Dicello**

Mailing Address 1819 Mahantongo St

City Pottsville      State PA      Zip Code 17901-2002

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

Name of Employer Yorkville Drug Store, 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-52**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Frederick J. Bonchosky**

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 ▼ **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-53**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **200.00**

**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 15 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sam Boyajian**

Mailing Address 131 E Main St

City State Zip Code  
 Gardner KS 66030

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

Name of Employer Occupation  
 Gardner Healthmart Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-54**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 132 Alden Rd

City State Zip Code  
 Fairhaven MA 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 ▼  
 700.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-55**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Mel Brodsky**

Mailing Address 2200 Michener St  
 Ste 10

City State Zip Code  
 Philadelphia PA 19115-4374

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

Name of Employer Occupation  
 Keystone Pharmacy Purchasing Alliance President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-56**

Amount of Each Receipt this Period  
 25.00

**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 16 OF 109
	<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**

**A. Sally M. Brooks-Higginbotham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 414  
 City Lakeville State NY Zip Code 14480-0414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Livonia Pharmacy Occupation Owner/Manager  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-57**  
 Amount of Each Receipt this Period  
 100.00

**B. Anthony T. Budde Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Memorial Ct  
 City Highland State IL Zip Code 62249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired Pharmacist  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-58**  
 Amount of Each Receipt this Period  
 100.00

**C. Jerry Callahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Broadway St Ste A  
 City Elsberry State MO Zip Code 63343-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elsberry Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-59**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 17 OF 109
	(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) <b>A. Donald Cantalino</b>		Date of Receipt
Mailing Address 20 Forest Ave Glen Cove Chemists		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Glen Cove	State NY	Zip Code 11542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 201410159830-60</b>
Name of Employer Glen Cove Chemists		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="900.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jeff J. Carson</b>		Date of Receipt
Mailing Address 7220 Louis Pasteur Dr Ste 176		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78229-4535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 201410159830-61</b>
Name of Employer Oakdell Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. John R. Carson</b>		Date of Receipt
Mailing Address 7220 Louis Pasteur Dr Ste 176		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78229-4535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 201410159830-62</b>
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="2250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
<b>TOTAL</b> 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 18 OF 109
	<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 Carter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 308  
 City Chetopa State KS Zip Code 67336-0308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riggs Drugs Store Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-63**  
 Amount of Each Receipt this Period  
**100.00**

**B. Brian D. 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 **1550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-64**  
 Amount of Each Receipt this Period  
**150.00**

**c. Charles R. Catalano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Ardmore Ave  
 City Melville State NY Zip Code 11747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer C+ S Pharmacy Consultants 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-65**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</b>
<b>TOTAL</b> 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 19 OF 109
	<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. 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 ▼ 800.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-66**  
 Amount of Each Receipt this Period  
 100.00

**B. Keith E. Chapman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Lee St  
 City Jefferson State GA Zip Code 30549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jefferson Drugs Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-67**  
 Amount of Each Receipt this Period  
 50.00

**C. Rick Chester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 N Pacific Hwy  
 City Talent State OR Zip Code 97540-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medicap Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-68**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 20 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Vincent Chiffy**

Mailing Address 350 Leland Ave

City State Zip Code  
 Utica NY 13502

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

Name of Employer Occupation  
 Parkway Drugs PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-69**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 3526 Tongass Ave

City State Zip Code  
 Ketchikan AK 99901-5635

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

Name of Employer Occupation  
 Island Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-70**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**c. David J. Cippel**

Mailing Address PO Box 151

City State Zip Code  
 Ford City PA 16226-0151

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

Name of Employer Occupation  
 Klingensmith's Drug Store President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-71**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 109
	<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. Johnny Hoyt Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 52  
 City Locust Fork State AL Zip Code 35097-0052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Locust Fork Pharmacy Llc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-72**  
 Amount of Each Receipt this Period  
 25.00

**B. Van G. Coble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 722 Wheat Rd  
 City Winfield State KS Zip Code 67156-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Center 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-73**  
 Amount of Each Receipt this Period  
 50.00

**C. Ernest Nicholas Coccia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 W Moyamensing Ave  
 City Philadelphia State PA Zip Code 19148-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Center Apothecary Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-74**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 109
	<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) <b>A. Alan B. Cohen</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-75</b>
Mailing Address 524 BRdway		Amount of Each Receipt this Period 50.00
City Monticello	State NY	Zip Code 12701-1154
FEC ID number of contributing federal political committee. C		
Name of Employer The Family Drug Store	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>B. Gerry Colby</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 <b>Transaction ID : 201410159830-16</b>
Mailing Address 2225 Westwinde St NW		Amount of Each Receipt this Period 365.00
City Grand Rapids	State MI	Zip Code 49504
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Royce G. Cook Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-76</b>
Mailing Address 1050 Junction Hwy		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515.00
<b>TOTAL</b> 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 109
	<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**

**A. Steve Coomes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 S Highway 377  
 City Aubrey State TX Zip Code 76227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-77**  
 Amount of Each Receipt this Period  
 100.00

**B. 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 ▼ 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-78**  
 Amount of Each Receipt this Period  
 100.00

**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 ▼ 3749.94

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-79**  
 Amount of Each Receipt this Period  
 416.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	616.66
<b>TOTAL</b> 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 109
	<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. Lee Ann Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1823 W Gore Blvd  
 City Lawton State OK Zip Code 73507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lawton Heritage Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-80**  
 Amount of Each Receipt this Period  
 50.00

**B. David R. Creecy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 498 Wythe Creek Rd  
 City Poquoson State VA Zip Code 23662-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Poquoson Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-81**  
 Amount of Each Receipt this Period  
 50.00

**C. John Crumly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 NE 52nd St  
 City Oklahoma City State OK Zip Code 73105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pharmacy Providers of Oklahoma Occupation Executive Vice President, Clinical Ser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-82**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 109
	<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 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-83**

Amount of Each Receipt this Period  
 100.00

**B. 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-84**

Amount of Each Receipt this Period  
 100.00

**C. Norman W. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1623 21st Ct

City Phenix City State AL Zip Code 36867-3727

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

Name of Employer Medical Park Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-85**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 26 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Angelo DeFazio**

Mailing Address 500 Farmington Ave

City State Zip Code  
 Hartford CT 06105-3106

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

Name of Employer Occupation  
 Arrow Prescription Center Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-86**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Robert M. Defee**

Mailing Address PO Box 900

City State Zip Code  
 Mc Bee SC 29101-0900

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

Name of Employer Occupation  
 Sandhills Pharmacy Inc Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-87**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Johnette DeLeon**

Mailing Address PO Box 1139

City State Zip Code  
 Taylor TX 76574-1139

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

Name of Employer Occupation  
 Pfennigs Prescription Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-88**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 109
	<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. Carmen A. Dicello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1819 Mahantongo St  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-89**  
 Amount of Each Receipt this Period 100.00

**B. Matthew DiLoreto**  
 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 Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : 201410159830-3**  
 Amount of Each Receipt this Period 21.00

**C. Matthew DiLoreto**  
 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 Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : 201410159830-13**  
 Amount of Each Receipt this Period 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 142.00  
**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 109
	<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 F. DiMaggio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5208 Veterans Memorial Blvd  
 City Metairie State LA Zip Code 70006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Patio Drugs Occupation: Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt: 09 / 26 / 2014  
**Transaction ID : 201410159830-90**  
 Amount of Each Receipt this Period: **50.00**

**B. Tim A. Dittenhoefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 269 Mansion St  
 City Poughkeepsie State NY Zip Code 12601-2699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Smith Street Pharmacy Occupation: Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt: 09 / 26 / 2014  
**Transaction ID : 201410159830-91**  
 Amount of Each Receipt this Period: **100.00**

**C. Al Dixon Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1060  
 City Richmond Hill State GA Zip Code 31324-1060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Richmond Hill Pharmacy Occupation: Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt: 09 / 26 / 2014  
**Transaction ID : 201410159830-92**  
 Amount of Each Receipt this Period: **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**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 109
	<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) <b>A. Larry Doud</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410159830-22</b>
Mailing Address PO Box 24389		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. Laurence F. Doud IV</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410159830-23</b>
Mailing Address PO Box 24389		Amount of Each Receipt this Period 50.00
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 Director
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>C. James E. Dunaway</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410159830-93</b>
Mailing Address 110 3rd St		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 30 OF 109
	<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. Roy E. Elsner**

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-94**

Amount of Each Receipt this Period  
**100.00**

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

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 ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-95**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Randy Epley**

Mailing Address 208 Avery Ave

City Morganton State NC Zip Code 28655-3103

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

Name of Employer Jones Health Mart 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-96**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> 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 31 OF 109
	(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) <b>A. James Ettare II</b>		Date of Receipt
Mailing Address PO Box 1005		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Rustburg VA 24588		<b>Transaction ID : 201410159830-97</b>
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 Rustburg Family Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael Fapore</b>		Date of Receipt
Mailing Address 131 S Pleasant Ave		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Somerset PA 15501-2189		<b>Transaction ID : 201410159830-98</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Medicine Shoppe Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michelle E. Farrell</b>		Date of Receipt
Mailing Address 1028 Wisconsin Ave		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Boscobel WI 53805-1844		<b>Transaction ID : 201410159830-99</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Boscobel Pharmacy	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
<b>TOTAL</b> 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 32 OF 109
	<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. Garland Bruce Faulkenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Main St

City Rockport State IN Zip Code 47635

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

Name of Employer Rockport 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  
 09 / 26 / 2014

**Transaction ID : 201410159830-100**

Amount of Each Receipt this Period  
 50.00

**B. Robert B. Frankil**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Miner Cir

City Collegeville State PA Zip Code 19426

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

Name of Employer Sellersville Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-102**

Amount of Each Receipt this Period  
 100.00

**C. Ira N. Freeman**  
Full Name (Last, First, Middle Initial)

Mailing Address 12660 Riverside Dr Ste 100

City Valley Village State CA Zip Code 91607-3430

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

Name of Employer Key Pharmacy Occupation Owner/Manager

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  
 09 / 26 / 2014

**Transaction ID : 201410159830-103**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 33 OF 109
	<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. William R. Futrell Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 768

City Jackson State NC Zip Code 27845

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

Name of Employer Futrell Pharmacy Services Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-104**

Amount of Each Receipt this Period 50.00

**B. Leon Galehouse III**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 S Hackett Rd Ste 300

City Waterloo State IA Zip Code 50701-3500

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

Name of Employer Amicare Pharmacy Inc Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-105**

Amount of Each Receipt this Period 30.00

**C. Maureen Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 S Austin Ave Ste 110

City Georgetown State TX Zip Code 78626

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

Name of Employer Gallaghers Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-106**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00

**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 109
	(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**

**A. Rick Gallaher**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 Ridgeway Ave

City Signal Mountain State TN Zip Code 37377-3065

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

Name of Employer Signal Mountain 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  
 09 / 26 / 2014

**Transaction ID : 201410159830-107**

Amount of Each Receipt this Period  
 50.00

**B. Cheryl L. Garvin**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Catocin Cir SE Ste C

City Leesburg State VA Zip Code 20175-3612

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

Name of Employer The Compounding Center Occupation President/CEO

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  
 09 / 26 / 2014

**Transaction ID : 201410159830-108**

Amount of Each Receipt this Period  
 100.00

**C. Lorri Gebo-Shaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 S 4th Ave

City Pocatello State ID Zip Code 83201-6438

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

Name of Employer Shaver Pharmacy & Compounding Center Occupation Owner/Manager

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  
 09 / 26 / 2014

**Transaction ID : 201410159830-110**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 35 OF 109
	(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. Russell A. Gellis**

Mailing Address 2201 BRdway At 78th St

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Apthorp Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-111**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Kerry W. Gerdes**

Mailing Address 245 Main St

City State Zip Code  
Conneaut OH 44030-2653

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

Name of Employer Occupation  
Gerdes Pharmacy Inc Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-112**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Michael Gilfillan**

Mailing Address 105 Main St

City State Zip Code  
Bar Harbor ME 04609-1844

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

Name of Employer Occupation  
West End Drug Company Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-113**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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 36 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Stephen L. Giroux**

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 ▼ **3749.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-114**

Amount of Each Receipt this Period  
**416.66**

Full Name (Last, First, Middle Initial)  
**B. Kevin C. Glick**

Mailing Address 4491 Kolopa St # A

City Lihue State HI Zip Code 96766

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

Name of Employer Lihue Pharmacy Group 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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-115**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Ricky G. Gonzalez**

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 ▼ **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-116**

Amount of Each Receipt this Period  
**150.00**

**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 37 OF 109
	<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 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-117**

Amount of Each Receipt this Period  
 100.00

**B. Robert J. 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 ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-118**

Amount of Each Receipt this Period  
 250.00

**C. John C. Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 13907 High Rd

City Mabelvale State AR Zip Code 72103-3212

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

Name of Employer Shannon Hills Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-119**

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 38 OF 109
<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. John Groesbeck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 109 E Main St  
City State Zip Code  
Streator IL 61364-2924  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Streator Drugs Owner/Manager  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**  
**Transaction ID : 201410159830-120**  
Amount of Each Receipt this Period  
**50.00**

**B. Don Grove Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1599  
City State Zip Code  
Warsaw MO 65355-1599  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
J And D Truecare 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  
**09 / 26 / 2014**  
**Transaction ID : 201410159830-121**  
Amount of Each Receipt this Period  
**50.00**

**C. Carolyn Ha**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Daingerfield Rd  
City State Zip Code  
Alexandria VA 22314-2833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
National Community Pharmacists Associa Director  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**378.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**  
**Transaction ID : 201410159830-17**  
Amount of Each Receipt this Period  
**21.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>121.00</b>
<b>TOTAL</b> 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 109
	<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. Carolyn Ha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Rd  
 City Alexandria State VA Zip Code 22314-2833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Community Pharmacists Associa Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : 201410159830-18**  
 Amount of Each Receipt this Period  
 21.00

**B. Luann Haas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 248  
 City Nauvoo State IL Zip Code 62354-0248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nauvoo Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-122**  
 Amount of Each Receipt this Period  
 50.00

**C. Larry Halper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 City Ave  
 City Merion Station State PA Zip Code 19066-1803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dakes Drug Store Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-123**  
 Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	131.00
<b>TOTAL</b> 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 109
	<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) <b>A. Joseph H. Harmison</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-124</b>
Mailing Address PO Box 152643		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>B. Brad N. Harth</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-125</b>
Mailing Address 1134 Washington St		Amount of Each Receipt this Period 100.00
City Tell City	State IN	Zip Code 47586-1827
FEC ID number of contributing federal political committee. C	Name of Employer Smith Drug Company	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Ronna B. Hauser</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-126</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 80.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> 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 109
	<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. Bentley F. Hawley**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4474

City Odessa State TX Zip Code 79760-4474

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

Name of Employer Evans 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  
 09 / 26 / 2014

**Transaction ID : 201410159830-127**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 160 Business Park Cir

City Stoughton State WI Zip Code 53589-3392

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

Name of Employer PAAS National Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-128**

Amount of Each Receipt this Period  
 416.65

**C. Kirk Heinz**  
Full Name (Last, First, Middle Initial)

Mailing Address 11212 Sunrise Blvd E Ste 204

City Puyallup State WA Zip Code 98374

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

Name of Employer Kirks Pharmacy At Sunrise 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  
 09 / 26 / 2014

**Transaction ID : 201410159830-130**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 516.65

**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 42 OF 109
	<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. Henry H. Herring Jr.**

Mailing Address 912 S16th St

City State Zip Code  
Wilmington NC 28401-6647

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

Name of Employer Occupation  
Medical Center Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-131**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Raymond Greg Hickman**

Mailing Address PO Box 965

City State Zip Code  
Monroe GA 30655-0965

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

Name of Employer Occupation  
Carmichael Drugs Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-132**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Katherine R. Hicks**

Mailing Address 1020 Richland Ave W

City State Zip Code  
Aiken SC 29801-3224

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

Name of Employer Occupation  
The Medicine Mart Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-133**

Amount of Each Receipt this Period  
150.00

**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 43 OF 109
	<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 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-134**

Amount of Each Receipt this Period  
 100.00

**B. Douglas 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 ▼ 3749.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-135**

Amount of Each Receipt this Period  
 416.66

**C. Joanne Hoffman Beechko**  
Full Name (Last, First, Middle Initial)

Mailing Address 1842 E Jericho Tpk  
Unit 1

City Huntington State NY Zip Code 11743

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

Name of Employer Rx Express Pharmacy Of East Northport 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  
 09 / 26 / 2014

**Transaction ID : 201410159830-136**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	566.66
<b>TOTAL</b> 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 109
	<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. 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 **875.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-137**  
 Amount of Each Receipt this Period  
**125.00**

**B. Edmund R. Horton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2445 Northwest Loop Ste A  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3749.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-138**  
 Amount of Each Receipt this Period  
**416.66**

**C. Brian M. Hose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17316 Shepherdstown Pike  
 City Sharpsburg State MD Zip Code 21782-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sharpsburg Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-139**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>641.66</b>
<b>TOTAL</b> 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 45 OF 109
	<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) <b>A. Walter M. Hughes Jr.</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-140</b>		
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 ▼ 900.00			

Full Name (Last, First, Middle Initial) <b>B. Ralph B. Hunter</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-141</b>		
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 ▼ 600.00			

Full Name (Last, First, Middle Initial) <b>C. Jabir Husain</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-142</b>		
Mailing Address 1526 Cortelyou Rd			Amount of Each Receipt this Period 100.00		
City Brooklyn	State NY	Zip Code 11226			
FEC ID number of contributing federal political committee. C					
Name of Employer Greenfield Pharmacy		Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 46 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jim Ivie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 Crown Hill Rd  
 City Excelsior Springs State MO Zip Code 64024-1657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Browns Prescription Drug Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-143**  
 Amount of Each Receipt this Period  
 250.00

**B. Mark Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 S Main St  
 City Colfax State WA Zip Code 99111-1803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tick Klock Drugs Llc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-145**  
 Amount of Each Receipt this Period  
 50.00

**c. Phillip A. Judd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11715 Rainwood Rd  
 City Little Rock State AR Zip Code 72212-3951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Drug Store Inc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-146**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**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 109
	<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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-147**

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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-148**

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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410159830-150**

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 48 OF 109
	<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 **900.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : 201410159830-151**  
 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 **1800.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : 201410159830-152**  
 Amount of Each Receipt this Period **200.00**

**C. Karry La Violette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Rd  
 City Alexandria State VA Zip Code 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Community Pharmacists Associa Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : 201410159830-24**  
 Amount of Each Receipt this Period **50.00**

**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 109
	<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. Louis Ladson Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 S Lincoln Ave  
 Ste 10  
 City Clearwater State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincourt Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-153**  
 Amount of Each Receipt this Period  
 25.00

**B. Tim G. Larsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5120  
 City Yelm State WA Zip Code 98597-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tims Pharmacy And Gift Shop 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-154**  
 Amount of Each Receipt this Period  
 50.00

**C. John D. Lassiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3252 SE 29th St  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-155**  
 Amount of Each Receipt this Period  
 150.00

**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 50 OF 109
	<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. Patrick F. Lavella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 Hardwood Dr  
 City Venetia State PA Zip Code 15367  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-156**  
 Amount of Each Receipt this Period  
 100.00

**B. Jeremy Lawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 924  
 City Talihina State OK Zip Code 74571-0924  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-157**  
 Amount of Each Receipt this Period  
 50.00

**C. Clarence Lea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6708 Westbury Ct  
 City Benbrook State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Pharmacist  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-158**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 51 OF 109
	(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) <b>A. Elizabeth Lea</b>		Date of Receipt
Mailing Address 6708 Westbury Ct		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Benbrook State TX Zip Code 76132		<b>Transaction ID : 201410159830-159</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AmeriSourceBergen Corporation Occupation Director		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Charles Lebegern</b>		Date of Receipt
Mailing Address 360 McNealy Cir		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Perkasio State PA Zip Code 18944-4074		<b>Transaction ID : 201410159830-160</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Heritage Pharmacy Occupation Owner/Manager		<input type="text" value="50.00"/>
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"/>	

Full Name (Last, First, Middle Initial) <b>C. Joseph P. Lech</b>		Date of Receipt
Mailing Address 13 Rockledge Ln		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Tunkhannock State PA Zip Code 18657-6855		<b>Transaction ID : 201410159830-161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lech's Pharmacy Occupation Owner/Manager		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1800.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> 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:	PAGE 52 OF 109
	(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. Deanna D. Leikach**

Mailing Address 2025 Suffolk Rd

City Finksburg State MD Zip Code 21048-1633

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

Name of Employer Finksburg 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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-162**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Neil Leikach**

Mailing Address 6350 Frederick Rd

City Baltimore State MD Zip Code 21228-2305

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

Name of Employer Catonsville Pharmacy Llc Occupation Owner/Manager

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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-163**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. William R. Letendre**

Mailing Address 9901 S Wilcrest Dr

City Houston State TX Zip Code 77099-5132

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

Name of Employer PCCA Occupation VP Phcy Mgmnt Services

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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-25**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.00**

**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 109
<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) <b>A. Ron Lind</b>		Date of Receipt
Mailing Address PO Box 99		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Freeland	WA	98249
FEC ID number of contributing federal political committee.		<b>Transaction ID : 201410159830-164</b>
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	
Linds' Freeland Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard N. Logan Jr.</b>		Date of Receipt
Mailing Address 406 S Main St		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charleston	MO	63834-1644
FEC ID number of contributing federal political committee.		<b>Transaction ID : 201410159830-165</b>
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	
L And S Discount Phcy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Raymond Macioci</b>		Date of Receipt
Mailing Address 2941 Westchester Ave		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bronx	NY	10461-4534
FEC ID number of contributing federal political committee.		<b>Transaction ID : 201410159830-166</b>
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	
Pilgrim Pharmacy Inc	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> 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: PAGE 54 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Claire B. Mackiewicz**

Mailing Address 19 N Main St

City State Zip Code  
 Holland NY 14080-9509

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

Name of Employer Occupation  
 Holland Pharmacy Inc Owner/Manager

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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-167**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Jerid Maddox**

Mailing Address 501 Teaco Rd

City State Zip Code  
 Kennett MO 63857-3721

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

Name of Employer Occupation  
 Teko 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-169**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Robert L. Maher Sr.**

Mailing Address PO Box 45

City State Zip Code  
 Patton PA 16668-0045

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

Name of Employer Occupation  
 Patton Pharmacy And V And S Variety Owner/Manager

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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-170**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 55 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Nasir Mahmood**

Mailing Address PO Box 339

City State Zip Code  
 Pine Plains NY 12567-0339

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

Name of Employer Occupation  
 Pine Plains Pharmacy Inc Owner/Manager

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  
 09 / 26 / 2014

**Transaction ID : 201410159830-171**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Sunil Mandalapu**

Mailing Address 698 Amsterdam Ave

City State Zip Code  
 New York NY 10025-6309

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

Name of Employer Occupation  
 New Amsterdam Drug Mart 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  
 09 / 26 / 2014

**Transaction ID : 201410159830-172**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Michael A. Manuszewski**

Mailing Address 1728 Grand Island Blvd

City State Zip Code  
 Grand Island NY 14072

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

Name of Employer Occupation  
 Island Pharmacy Center 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  
 09 / 26 / 2014

**Transaction ID : 201410159830-173**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 109
	<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. Phillip L. Marsiglia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 631 Cherry Hill Rd  
 City Baltimore State MD Zip Code 21225-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Baltimore 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-174**  
 Amount of Each Receipt this Period  
 50.00

**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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-175**  
 Amount of Each Receipt this Period  
 100.00

**C. Devan Mathura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 S John Young Pkwy Ste 101  
 City Kissimmee State FL Zip Code 34741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Super Saver Pharmacy Occupation MANAGING MEMBER  
 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  
 09 / 23 / 2014  
**Transaction ID : 201410159830-5**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 109
	<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) <b>A. Ronald G. Matthews</b>		Date of Receipt
Mailing Address 101 Canal St		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ellenville	NY	12428-1403
FEC ID number of contributing federal political committee.		<b>Transaction ID : 201410159830-176</b>
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	
Matthews Pharmacy	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) <b>B. William V. Mattson</b>		Date of Receipt
Mailing Address 2800 N Sheridan Rd		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60657-6156
FEC ID number of contributing federal political committee.		<b>Transaction ID : 201410159830-177</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
Stone Medical Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. George M. McAlanis</b>		Date of Receipt
Mailing Address 242 Market St		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Millersburg	PA	17061
FEC ID number of contributing federal political committee.		<b>Transaction ID : 201410159830-178</b>
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	
Millersburg Pharmacy Inc	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> 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 58 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Bruce McAnally**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2535 Eldorado Pkwy  
 City State Zip Code  
 Mc Kinney TX 75070-4366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Family Drug Owner/Manager  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-179**  
 Amount of Each Receipt this Period  
 100.00

**B. Kevin McClimon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 State St  
 City State Zip Code  
 Bellevue IA 52031-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bellevue Pharmacy, Inc. Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-180**  
 Amount of Each Receipt this Period  
 30.00

**C. Leigh McConchie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Main St  
 City State Zip Code  
 Lake Luzerne NY 12846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stone's Pharmacy Owner/Manager  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-181**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**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 59 OF 109
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 1749

City Elk City State OK Zip Code 73648-1749

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-182**

Amount of Each Receipt this Period  
**150.00**

**B. Cheryl Meek**  
Full Name (Last, First, Middle Initial)

Mailing Address 5879 SR 92 Ste 3 Lenox Plaza

City Kingsley State PA Zip Code 18826-9751

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

Name of Employer Lenox Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-183**

Amount of Each Receipt this Period  
**25.00**

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

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 ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-184**

Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> 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 109
	<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) <b>A. John Mezetta</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-185</b>
Mailing Address 681 BRdway		Amount of Each Receipt this Period 100.00
City Massapequa	State NY	Zip Code 11758-2361
FEC ID number of contributing federal political committee. C		
Name of Employer Stuart's Pharmacy	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>B. Kerry S. Milano</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-186</b>
Mailing Address 3544 W Esplanade Ave		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C. Amy Miller</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-187</b>
Mailing Address PO Box 436		Amount of Each Receipt this Period 25.00
City Lula	State GA	Zip Code 30554-0436
FEC ID number of contributing federal political committee. C		
Name of Employer Lula Pharmacy And Foothills Gift Shop	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> 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 61 OF 109
	<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 ▼ 600.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-188**  
 Amount of Each Receipt this Period 100.00

**B. Laird Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4515 Arlington Ct  
 City Gainesville State GA Zip Code 30506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Park Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-189**  
 Amount of Each Receipt this Period 100.00

**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 ▼ 700.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-190**  
 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 109
	<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. Martin B. Mintz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6701 Harford Rd  
 City Baltimore State MD Zip Code 21234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern Pchy And Med Equipment Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-191**  
 Amount of Each Receipt this Period  
 100.00

**B. J. Scott Miskovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box A  
 City Forest City State PA Zip Code 18421-0130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Red Cross Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-192**  
 Amount of Each Receipt this Period  
 100.00

**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 ▼ 250.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-193**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 109
	<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) <b>A. Clay W. Moore</b>		Date of Receipt
Mailing Address 11101 Hefner Pointe Dr Ste 101		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Oklahoma City	OK	73120-5054
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Medic Pharmacy Hefner Pointe	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="850.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. William O. Moore</b>		Date of Receipt
Mailing Address 101 W Sinton St Ste B		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sinton	TX	78387-2552
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Moore's Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1400.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) <b>C. William W. Moose Jr.</b>		Date of Receipt
Mailing Address PO Box 67		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mt Pleasant	NC	28124-0067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Moose Drug Company	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> 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 64 OF 109
	<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 E. Nicklas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1442 N Harrison Ave  
 City State Zip Code  
 Shawnee OK 74801-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Harrison Discount Pharmacy Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-197**  
 Amount of Each Receipt this Period  
 100.00

**B. Gregory Notaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1769 Orchard Park Rd  
 City State Zip Code  
 West Seneca NY 14224-4624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Union Medical Pharmacy Owner/Manager  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-198**  
 Amount of Each Receipt this Period  
 100.00

**C. Gerard O'Hare**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 W Pike St  
 City State Zip Code  
 Canonsburg PA 15317-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jeffrey's Drug Store, Inc. Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-199**  
 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 65 OF 109
	<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. Tony Ogden**  
Full Name (Last, First, Middle Initial)

Mailing Address 6415 Sands Dr

City Pasadena State TX Zip Code 77505-3841

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

Name of Employer Groveway Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-200**

Amount of Each Receipt this Period  
**416.66**

**B. Anthony Ortiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 8416 Kennedy Blvd

City North Bergen State NJ Zip Code 7047

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

Name of Employer Atlas Drug And Nutrition Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-201**

Amount of Each Receipt this Period  
**200.00**

**C. Bill E. 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 ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-202**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **716.66**

**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 66 OF 109
	<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. Paul B. Pagnotta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 Delaware Ave  
 City Delmar State NY Zip Code 12054-1904  
 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 **800.00**

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-203**  
 Amount of Each Receipt this Period  
**100.00**

**B. Kari Pastorek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 E 12th St  
 City Grafton State ND Zip Code 58237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grafton Drug Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-204**  
 Amount of Each Receipt this Period  
**100.00**

**C. Jan H. Pattillo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 112  
 City Hamilton State TX Zip Code 76531-0112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jordan Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-205**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**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 109
<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) <b>A. Brian Joseph Petrucci</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-206</b>
Mailing Address 313 E 20th St		Amount of Each Receipt this Period 100.00
City Crane	State TX	Zip Code 79731
FEC ID number of contributing federal political committee. C	Name of Employer Crane 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>B. Steven Pfister</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-207</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. Larry D. Plunk Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-209</b>
Mailing Address 8455 9th Ave		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 109
	<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) <b>A. Peter A. Pogany</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410159830-210</b>
Mailing Address 611 Park Ave		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Kelly G. Pratt</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410159830-211</b>
Mailing Address 1506 S Sunset Ave Ste A		Amount of Each Receipt this Period 25.00
City Littlefield	State TX	Zip Code 79339-4813
FEC ID number of contributing federal political committee. C	Name of Employer Kelly G Pratt	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Dared L. Price</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410159830-212</b>
Mailing Address 905 Main St		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 109
	<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. Dennis R. Princing**

Mailing Address 333 S Michigan Ave

City State Zip Code  
Saginaw MI 48602-2024

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

Name of Employer Occupation  
Princing's Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-213**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 310 E Central Ave

City State Zip Code  
La Follette TN 37766-3617

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

Name of Employer Occupation  
Terrys Pharmacy Inc Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-214**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Anthony T. Pudlo**

Mailing Address 1400 SE Rosenkranz Dr

City State Zip Code  
Waukee IA 50263

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

Name of Employer Occupation  
Iowa Pharmacy Association Clinical Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : 201410159830-19**

Amount of Each Receipt this Period  
365.00

**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 70 OF 109
	<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 Quinlan**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 N Main St  
Ste B

City Wayland State NY Zip Code 14572

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

Name of Employer Quinlans Ltc Pharmacy And Quinlans Pha Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
09 / 26 / 2014  
Transaction ID : 201410159830-216

Amount of Each Receipt this Period  
100.00

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

Mailing Address 336 W Main St

City Montour Falls State NY Zip Code 14865

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
09 / 26 / 2014  
Transaction ID : 201410159830-217

Amount of Each Receipt this Period  
200.00

**C. Stuart Rabinowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 194 Beach 116th St

City Rockaway Park State NY Zip Code 11694

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

Name of Employer Kings Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 26 / 2014  
Transaction ID : 201410159830-218

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 71 OF 109
	(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. Michael Raduazzo**

Mailing Address 5 Northern Blvd

City State Zip Code  
Greenvale NY 11548-1204

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

Name of Employer Occupation  
Greenvale Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-219**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1320 E 200 S

City State Zip Code  
Salt Lake City UT 84102-2604

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

Name of Employer Occupation  
University Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-220**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 114 S Huron Ave

City State Zip Code  
Harbor Beach MI 48441-1201

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

Name of Employer Occupation  
Harbor Drug Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-221**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 72 OF 109
	(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. Andrew D. Reed**

Mailing Address 2108 W 5th St

City Chanute State KS Zip Code 66720

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

Name of Employer Cardinal Drug Store 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-222**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Harold K. Reich**

Mailing Address 39 W 10th St

City Tracy State CA Zip Code 95376-3901

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

Name of Employer Harold K Reichs Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-223**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Levi Rice**

Mailing Address 1209 N Main St

City Beaver Dam State KY Zip Code 42320-8955

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

Name of Employer Rice Drugs Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-224**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> 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 73 OF 109
	(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) <b>A. Fleet W. Richards Jr.</b>		Date of Receipt
Mailing Address 932 N Main St		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Chase City VA 23924-1139		<b>Transaction ID : 201410159830-225</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer Occupation F W Richards Jr Inc Owner/Manager		<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

Full Name (Last, First, Middle Initial) <b>B. Gordon Richards Jr.</b>		Date of Receipt
Mailing Address 324 E Main St		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Shawnee OK 74801		<b>Transaction ID : 201410159830-226</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer Occupation Richards Drug, Inc. Owner/Manager		<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

Full Name (Last, First, Middle Initial) <b>C. Kristen Leianne Riddle</b>		Date of Receipt
Mailing Address 1270 Dons Ln		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Conway AR 72032-2709		<b>Transaction ID : 201410159830-26</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer Occupation US Compounding Pharmacist		<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 200.00
<b>TOTAL</b> 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 74 OF 109
	<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. Mark S. Riley**

Mailing Address 417 S Victory St

City Little Rock State AR Zip Code 72201-2932

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

Name of Employer Arkansas Pharmacists Association Occupation Pharmacist

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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-227**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Nathan A. Rockers**

Mailing Address 2 E Peoria St

City Paola State KS Zip Code 66071

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

Name of Employer Rockers 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-228**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Hugh Rogers**

Mailing Address PO Box 338

City Mc Caysville State GA Zip Code 30555-0338

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

Name of Employer McCaysville Drug Center Inc Occupation Owner/Manager

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  
 09 / 23 / 2014  
**Transaction ID : 201410159830-7**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 75 OF 109
	(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) <b>A. Ivan Saiff</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-229</b>
Mailing Address 7401 Lahana Cir		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>B. Joshua Schipper</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-230</b>
Mailing Address 4815 Vernon Blvd		Amount of Each Receipt this Period 50.00
City Long Island City	State NY	Zip Code 11101-5616
FEC ID number of contributing federal political committee. C		
Name of Employer Vernon Blvd. Pharmacy, Inc.	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>C. Kevin Schweers</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-27</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 109
	<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**

**A. Matthew Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 211  
 4057 St Hwy 3/  
 City Star Lake State NY Zip Code 13690-0211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adirondack Pharmacy Occupation Pharmacist  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-231**  
 Amount of Each Receipt this Period  
 50.00

**B. John Warren Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 W Main St  
 City Orange State VA Zip Code 22960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orange 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-232**  
 Amount of Each Receipt this Period  
 50.00

**C. Bruce Sharp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2611 E Thompson Blvd  
 Ste 103  
 City Ventura State CA Zip Code 93003-2743  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-233**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 77 OF 109
	(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**

**A. Joshua R. Sheffield**  
Full Name (Last, First, Middle Initial)

Mailing Address 3001 S Mansfield Ave

City State Zip Code  
Del City OK 73115

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

Name of Employer Occupation  
Comfort Care Pharmacy Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-234**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 326 Delaware Ave

City State Zip Code  
Palmerton PA 18071-1814

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

Name of Employer Occupation  
Shipmans Pharmacy Inc Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : 201410159830-4**

Amount of Each Receipt this Period  
500.00

**C. Tim Short**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 835  
2515 Business Dr

City State Zip Code  
Cumming GA 30028-4394

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

Name of Employer Occupation  
Sawnee Drug Co Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410159830-235**

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 78 OF 109
	<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. 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 ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-236**  
 Amount of Each Receipt this Period  
 200.00

**B. Troy A. Simons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 89  
 City Perry State OK Zip Code 73077-0089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Foster Corner Drug Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-237**  
 Amount of Each Receipt this Period  
 200.00

**C. Mathew P. Slakoper**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-238**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> 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 79 OF 109
	<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. David M. Smith**

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 ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-239**

Amount of Each Receipt this Period  
**200.00**

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

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 ▼ **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-240**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**C. Randall D. Smith**

Mailing Address 460 N Franklin Ave

City Colby State KS Zip Code 67701-2326

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

Name of Employer Palace Drug Store 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-241**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> 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 80 OF 109
	<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) <b>A. David Spence</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-243</b>
Mailing Address 2301 E Mulberry St			Amount of Each Receipt this Period 100.00
City Angleton	State TX	Zip Code 77515-3804	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 900.00
Name of Employer Medicine Shoppe Pharmacy	Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>B. James O. Spoon</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-244</b>
Mailing Address 1325 N Old North Pl			Amount of Each Receipt this Period 100.00
City Sand Springs	State OK	Zip Code 74063-7805	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 900.00
Name of Employer Spoon Drug / T.R.B. Drugs, Inc.	Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C. Sharon Steen</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-28</b>
Mailing Address 900 Wilshire Blvd Ste 104			Amount of Each Receipt this Period 50.00
City Santa Monica	State CA	Zip Code 90401	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer Central Pharmacy	Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 81 OF 109
	<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. 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 ▼ **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-245**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. Brian F. Sullivan**

Mailing Address 909 E Centennial Dr

City Pittsburg State KS Zip Code 66762

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

Name of Employer: Lindburg Pharmacy Inc Occupation: Manager/ Owner

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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-246**

Amount of Each Receipt this Period  
**100.00**

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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-247**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 82 OF 109
	(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. Harry Taubman**

Mailing Address PO Box 266

City Reynoldsburg State OH Zip Code 43068

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

Name of Employer The Drug Store Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-248**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Virgil F. Todd**

Mailing Address 10321 SE 55th St

City Oklahoma City State OK Zip Code 73150-4521

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

Name of Employer North Rock Community Pharmacy Occupation Owner/Manager

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  
**09 / 26 / 2014**

**Transaction ID : 201410159830-249**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. James H. Toomajian**

Mailing Address 601 19th St

City Watervliet State NY Zip Code 12189-2002

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

Name of Employer Watervliet Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410159830-250**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> 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 83 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Charles W. Tucker**

Mailing Address PO Box 291526

City State Zip Code  
 Kerrville TX 78029-1526

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

Name of Employer Occupation  
 The Medicine Stop Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-251**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Paul A. Turner**

Mailing Address PO Box 700

City State Zip Code  
 Inola OK 74036-0700

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

Name of Employer Occupation  
 Inola Drug Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-252**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Robert L. Tyson**

Mailing Address 215 WPecan St

City State Zip Code  
 Coleman TX 76834-0151

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

Name of Employer Occupation  
 Tyson Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-253**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 84 OF 109
	(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"/> 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) <b>A. Lisa Umfleet</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-254</b>		
Mailing Address 617 N Cowling St Ste G			Amount of Each Receipt this Period 100.00		
City Desloge	State MO	Zip Code 63601			
FEC ID number of contributing federal political committee. C					
Name of Employer Parkland Health Mart 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>B. Chhagan Vasoya</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-256</b>		
Mailing Address 752 E Arrow Hwy			Amount of Each Receipt this Period 100.00		
City Pomona	State CA	Zip Code 91767-2247			
FEC ID number of contributing federal political committee. C					
Name of Employer Express Pharmacy		Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

Full Name (Last, First, Middle Initial) <b>C. Victor A. Vena</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410159830-257</b>		
Mailing Address 1322 W State St			Amount of Each Receipt this Period 100.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 85 OF 109
	<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. Michael Vinson**

Mailing Address 934 Adams Ave

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-29**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Scott E. Watts**

Mailing Address 9101 Mendenhall Mall Rd

City Juneau State AK Zip Code 99801

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

Name of Employer Rons Apothecary Shoppe Phcy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-258**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Craig Wear**

Mailing Address PO Box 305

City Carthage State IL Zip Code 62321

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

Name of Employer Wear Drug 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-259**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 86 OF 109
<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. Tony P. Welder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1314 Bayview Ct  
City Bismarck State ND Zip Code 58504  
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 ▼ 450.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-260**  
Amount of Each Receipt this Period 50.00

**B. Susan Wells**  
Full Name (Last, First, Middle Initial)  
Mailing Address 215 N Main St  
City Bristow State OK Zip Code 74010-2407  
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 ▼ 450.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-261**  
Amount of Each Receipt this Period 50.00

**C. Gregory Wendling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 680 Robert Blvd  
City Slidell State LA Zip Code 70458-1648  
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 ▼ 450.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-262**  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 87 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. R. Wayne West**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 W Renfro St  
 City State Zip Code  
 Burleson TX 76028-4260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Best Value West Pharmacy 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-263**  
 Amount of Each Receipt this Period  
 50.00

**B. Robert Westbrook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 State Route 125  
 City State Zip Code  
 Amelia OH 45102-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Pill Box 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-264**  
 Amount of Each Receipt this Period  
 50.00

**C. Dirk White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Granite Creek Rd  
 Ste 201  
 City State Zip Code  
 Sitka AK 99835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Whites Pharmacy Owner/Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-265**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 88 OF 109
	<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) <b>A. Gary Wientjes</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410159830-266</b>
Mailing Address 234 Medical Cir		Amount of Each Receipt this Period 100.00
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: <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>B. Justin B. Wilson</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410159830-267</b>
Mailing Address 1212 S Douglas Blvd Ste A		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin M. Wilson</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410159830-268</b>
Mailing Address 116 E Main St		Amount of Each Receipt this Period 50.00
City Wallace	State NC	Zip Code 28466
FEC ID number of contributing federal political committee. C		
Name of Employer Wilson Family Pharmacies, Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 89 OF 109
	<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. Lonny D. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 16430  
 City Oklahoma City State OK Zip Code 73113  
 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 **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-269**  
 Amount of Each Receipt this Period  
**200.00**

**B. Terry Wingo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Parade St NW Ste 100  
 City Huntsville State AL Zip Code 35806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Madison Drugs Occupation Owner/Manager  
 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  
 09 / 26 / 2014  
**Transaction ID : 201410159830-270**  
 Amount of Each Receipt this Period  
**100.00**

**C. 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 **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410159830-271**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> 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 90 OF 109
	<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. 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 ▼  
 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-272**

Amount of Each Receipt this Period  
 100.00

**B. Dana L. Woods**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 W Main St

City Mountain View	State AR	Zip Code 72560-1229
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-273**

Amount of Each Receipt this Period  
 25.00

**C. Erica Worhatch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1209

City Petersburg	State AK	Zip Code 99833
--------------------	-------------	-------------------

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

Name of Employer Petersburg Rexall Drug Inc	Occupation Owner/Manager
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410159830-274**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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 91 OF 109
	<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. Ryan Wyssmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 102 W Noble Ave

City Guthrie	State OK	Zip Code 73044
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : 201410159830-275**

Amount of Each Receipt this Period  

75.00
-------

**B. Joseph Yarmolinsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 Ditmas Ave

City Brooklyn	State NY	Zip Code 11218-5001
------------------	-------------	------------------------

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

Name of Employer Ditmas Pharmacy Corp	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
09	/	26	/	2014

**Transaction ID : 201410159830-276**

Amount of Each Receipt this Period  

100.00
--------

**C. Rong Tian Yu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 37 41st Ave

City Long Island City	State NY	Zip Code 11101
--------------------------	-------------	-------------------

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

Name of Employer Queensbridge Plaza Pharmacy Corp	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
09	/	26	/	2014

**Transaction ID : 201410159830-277**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> 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 92 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Gil Zuckerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6024 5th Ave  
 City Brooklyn State NY Zip Code 11220-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kenby Drugs Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410159830-278**  
 Amount of Each Receipt this Period 50.00

**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  
 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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25180.95

**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

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : V32267363AE4DA177BC1

Amount of Each Disbursement this Period

472.77

Full Name (Last, First, Middle Initial)

**B. Transfirst**

Mailing Address 12202 Airport Way  
Suite 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2014

Transaction ID : V817BC2E1325CA3E3E9D

Amount of Each Disbursement this Period

569.30

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1042.07

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

1042.07

**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. Aimee Belgard for Congress**

Mailing Address PO Box 35

City Willingboro State NJ Zip Code 08046

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Aimee R. Belgard**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : A4658B3776910C5EBFC**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Al Franken for Senate 2014**

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Al Franken**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 48E11F2394CCB9C743D**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. America Works PAC**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**America Works PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 665A579F9543A6BDA32**

Amount of Each Disbursement this Period

2500.00

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

6500.00

**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. Blum for Congress**

Mailing Address 2728 Asbury Road Suite 400

City State Zip Code  
Dubuque IA 52001

Purpose of Disbursement  
2014 General

011

Candidate Name

**Rodney Leland Blum**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : ABDFA7646BB3E862B64**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bob Goodlatte for Congress Committee**

Mailing Address PO Box 292

City State Zip Code  
Roanoke VA 24002

Purpose of Disbursement  
2014 General

011

Candidate Name

**Robert William Goodlatte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 656CECE8F189567B657**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Braley for Iowa**

Mailing Address PO Box 856

City State Zip Code  
Des Moines IA 50304

Purpose of Disbursement  
2014 General

011

Candidate Name

**Bruce L. Braley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 4D1FFF893C4D3D27B3A**

Amount of Each Disbursement this Period

5000.00

**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. Buddy Carter for Congress**

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement  
2014 General

011

Candidate Name

**Earl L. B. Carter**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 05C62F6730AE82898C7**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Butterfield for Congress**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement  
2014 General

011

Candidate Name

**G. K. Butterfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 190B569056080662D1C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Capito for West Virginia**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2014 General

011

Candidate Name

**Shelley Moore Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 60AEBFF30D970E51F3C**

Amount of Each Disbursement this Period

5000.00

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

11000.00

**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. Cartwright for Congress**

Mailing Address PO Box 1805

City Plains State PA Zip Code 18705

Purpose of Disbursement  
2014 General

011

Candidate Name

**Matthew A. Cartwright**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 5DA95D7B706D9ADEE05**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Chuck Fleischmann for Congress Committee, Inc.**

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
2014 General

011

Candidate Name

**Charles J. Fleischmann**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : CF8FD2EBE3783625017**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cole for Congress**

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
2014 General

011

Candidate Name

**Thomas Jeffery Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 47E23F6887CC56BD971**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Comstock for Congress**

Mailing Address PO Box 831

City State Zip Code  
Mc Lean VA 22101

Purpose of Disbursement  
2014 General

011

Candidate Name

**Barbara J. Comstock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 522CC789287B3D41A7B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Cory Gardner for Senate**

Mailing Address 9227 E. Lincoln Ave., #200-234

City State Zip Code  
Lone Tree CO 80124

Purpose of Disbursement  
2014 General

011

Candidate Name

**Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 38570C6C1AE13AB9857**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Dan Newhouse for Congress**

Mailing Address PO Box 10949

City State Zip Code  
Yakima WA 98909-1949

Purpose of Disbursement  
2014 General

011

Candidate Name

**Daniel Newhouse**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : A2AC53D38D31CD39988**

Amount of Each Disbursement this Period

2500.00

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

10000.00

**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. Doggett for US Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lloyd Doggett**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 35

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 89360FCA01EAC13CDEA**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Donald Norcross for Congress**

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement  
2014 General

011

Candidate Name

**Donald W. Norcross**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 4564035D3ADC2D90742**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Elise for Congress**

Mailing Address PO Box 338

City Willsboro State NY Zip Code 12996

Purpose of Disbursement  
2014 General

011

Candidate Name

**Elise M. Stefanik**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 21

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 983045E72369D872659**

Amount of Each Disbursement this Period

2500.00

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

5000.00

**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. French Hill for Arkansas**

Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**J. French Hill**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 76AE71F1FF12D1D3892**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Dan Kildee**

Mailing Address PO Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Daniel Timothy Kildee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : C7F01A41808452E364D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**David P. Joyce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 61B5EB606855C07DB48**

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 Dick Durbin**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Richard J. Durbin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : D1E3F1E01A54CF1D077**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Inhofe**

Mailing Address PO Box 13300

City Oklahoma City State OK Zip Code 73113

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**James Mountain Inhofe**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 6D768F28CCA1772E0F1**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Michelle Lujan Grisham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : 4FB6D13794D37D97AAB**

Amount of Each Disbursement this Period

1000.00

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

10000.00

**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 Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
2014 General

011

Candidate Name  
**Todd Christopher Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

Transaction ID : **0F24F76A3BDB49A0B23**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gop Generation Y Fund**

Mailing Address PO Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**Gop Generation Y Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

Transaction ID : **1AECEDFE7798B8A6ADA**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Hagan for US Senate Inc**

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429-9103

Purpose of Disbursement  
2014 General

011

Candidate Name  
**Kay R. Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

Transaction ID : **BB59A7703C6E0B3F971**

Amount of Each Disbursement this Period

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

4500.00
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**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)

<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. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2014 General

011

Candidate Name

**Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : 162DCAFC932E1FD0627

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Loeb sack for Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
2014 General

011

Candidate Name

**David Loeb sack**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : 9B01D18756729C075DD

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave, Bldg. 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement  
2014 General

011

Candidate Name

**Louise McIntosh Slaughter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : 3397317F948DC3A5998

Amount of Each Disbursement this Period

2500.00

**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. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : B8161E222B89011F265

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. McSally for Congress**

Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731-9128

Purpose of Disbursement  
2014 General

011

Candidate Name

**Martha McSally**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : B9353FE6C7768D84A69

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2014 General

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  
09 / 26 / 2014

Transaction ID : 0F185B36AD3FC63A7D7

Amount of Each Disbursement this Period

5000.00

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

11500.00

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



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

Use separate schedule(s)  
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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. Perdue for Senate**

Mailing Address 3110 Maple Drive NE  
Suite 400

City Atlanta State GA Zip Code 30305-2650

Purpose of Disbursement  
2014 General

011

Candidate Name

**David A. Perdue**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : CAC5B292370D9C94AE1

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Peterson for Congress**

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56502

Purpose of Disbursement  
2014 General

011

Candidate Name

**Collin C. Peterson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : 5A3DE668F48DA6A4422

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2016 General

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : 6316793216535636070

Amount of Each Disbursement this Period

2000.00

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

9500.00

**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. Steve Israel for Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2014 General

011

Candidate Name

**Steve J. Israel**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : 01CD8A1A8D367345CD7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Terri Lynn Land for Senate**

Mailing Address PO Box 308

City Grandville State MI Zip Code 49418

Purpose of Disbursement  
2014 General

011

Candidate Name

**Terri Lynn Land**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : 48AC29D16A104E08B14

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Terri Sewell for Congress**

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
2014 General

011

Candidate Name

**Terri A. Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : DB3F762758D88B37435

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. Texans for Lamar Smith**

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209-0155

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lamar Seeligson Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 42CAB751C9C56B1A11F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tim Walz for US Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
2014 General

011

Candidate Name

**Timothy J. Walz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : 1A4DF80B033AB735FC4**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Treasure State PAC**

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Treasure State PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : 7B82E9A2BD89C6E5EA0**

Amount of Each Disbursement this Period

5000.00

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

7500.00

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

