

**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

M M M / D D D / Y Y Y Y Y Y  
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

M M M / D D D / Y Y Y Y Y Y  
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

M M M / D D D / Y Y Y Y Y Y  
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)..... ▶