

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Community Pharmacists Association - PAC

ADDRESS (number and street) 100 Daingerfield Road
 Check if different than previously reported. (ACC)
Alexandria VA 22314-2885

2. **FEC IDENTIFICATION NUMBER** C00030809
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2006 through 04 30 2006

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 Mr. John Rector

Signature of Treasurer Electronically Filed by Mr. John Rector Date 05 18 2006

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**

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		155142.83
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	262428.06									
(c) Total Receipts (from Line 19)	31638.86	152062.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	294066.92	307205.47								
7. Total Disbursements (from Line 31)	8635.39	21773.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	285431.53	285431.53								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	21000.00	98660.00
(i) Itemized (use Schedule A)	10535.00	53035.00
(ii) Unitemized	31535.00	151695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	31535.00	151695.00
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.)	103.86	367.64
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 Transfer (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))	31638.86	152062.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31638.86	152062.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	635.39	3373.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	635.39	3373.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	17000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	1000.00	1400.00
(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))	1000.00	1400.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	8635.39	21773.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8635.39	21773.94

DETAILED SUMMARY PAGE
of Disbursements

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)	31535.00	151695.00
34. Total Contribution Refunds (from Line 28(d))	1000.00	1400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30535.00	150295.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	635.39	3373.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	635.39	3373.94

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 44
	<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. Mr. Greg Adams		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 13 Tiptan Place		Transaction ID: SA11A1.14111	
City State Zip Code Clinton OK 73601		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Salisbury Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Greg Adams		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 13 Tiptan Place		Transaction ID: SA11A1.14159	
City State Zip Code Clinton OK 73601		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Salisbury Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Jerry Aleshire		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 34 Mulberry Street		Transaction ID: SA11A1.14178	
City State Zip Code Clear Spring MD 21722		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Clear Spring Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<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. Full Name (Last, First, Middle Initial) Mr. Donald Arthur		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 935 Brighton		Transaction ID: SA11A1.14142	
City State Zip Code Tunawanda NY 14150		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Brighton Eggert Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Mr. A. Scot Barthold		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 197 Kinder Kamack Road		Transaction ID: SA11A1.14072	
City State Zip Code Park Ridge NJ 07656		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Ridgemont Drugs Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Delane Bassett		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 419 E. Davis Street		Transaction ID: SA11A1.14229	
City State Zip Code Luling TX 78648		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Luling Discount Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<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. Full Name (Last, First, Middle Initial) Mr. Danny R. Bentley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 505 South Third		Transaction ID: SA11A1.14044	
City State Zip Code Ironton OH 45638		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Bentley Express Pharmacy Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mrs. Bonnie Bobbs-DiCello		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1822 West Market Street		Transaction ID: SA11A1.14235	
City State Zip Code Pottsville PA 17901		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Yorkville Drug Store, Inc Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Mr. Ralph Bouvette		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 102 Enterprise Drive		Transaction ID: SA11A1.14069	
City State Zip Code Franfort KY 40601		Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer American Pharmacy Services Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<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. Full Name (Last, First, Middle Initial)
Mr. Larry Braden

Mailing Address 4797 South Main Street

City State Zip Code
Acworth GA 30101

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

Name of Employer Lacey Drug Co Inc
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.14194

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Donnie Calhoun

Mailing Address 9 Rebecca Trail

City State Zip Code
Anniston AL 36207

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

Name of Employer Golden Springs Pharmacy
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.14040

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Donnie Calhoun

Mailing Address 9 Rebecca Trail

City State Zip Code
Anniston AL 36207

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

Name of Employer Golden Springs Pharmacy
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.14274

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<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. Mr. John Carson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 7220 Louis Pasteur		Transaction ID: SA11A1.14232	
City State Zip Code San Antonio TX 78229		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Oakdell Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Francis Cassidy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 1 Winter Street Plaza, Suite 3		Transaction ID: SA11A1.14077	
City State Zip Code Rochester NH 03867		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Care Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Barry Christensen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 3526 Tongass Avenue		Transaction ID: SA11A1.14302	
City State Zip Code Ketchikan AK 99901		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Island Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<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. Mr. Cory Cockburn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 210 N Main Street		Transaction ID: SA11A1.14197	
City State Zip Code Clarion IA 50525	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carroll Clinic Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mr. Michael Coughlin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 5828 Reeds Road		Transaction ID: SA11A1.14233	
City State Zip Code Mission KS 66202-2740	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ScriptPro	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Mr. Robert Coulter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1123 Adams Avenue		Transaction ID: SA11A1.14220	
City State Zip Code La Grande OR 97850	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Red Cross United Drug	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 44
	<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. Ms Diana Courtney		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 1399 SW McVey Avenue		Transaction ID: SA11A1.14059	
City State Zip Code Lake Oswego OR 97034		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lake Shore Pharmacy Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Larry Courtney		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 648 Allcutt		Transaction ID: SA11A1.14192	
City State Zip Code Bonner Springs KS 66012		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Courtney's Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. Ronald G. Davis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 2608 Buford Road		Transaction ID: SA11A1.14234	
City State Zip Code Richmond VA 23235		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Buford Road Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 44
	<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. Full Name (Last, First, Middle Initial)
Mr. Charles Day

Mailing Address 7567 Bridgetown Road

City State Zip Code
Cincinnati OH 45248

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

Name of Employer Day's Miami Heights Pharmacy
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.14333

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Angelo DeFazio

Mailing Address 500 Farmington Avenue

City State Zip Code
Harford CT 06105

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

Name of Employer Arrow Perscription Center
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.14270

Amount of Each Receipt this Period
50.00

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

Mailing Address 6435 San Felipe

City State Zip Code
Houston TX 77057

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

Name of Employer Briargrove Pharmacy
Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.14061

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44		
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. Carmen DiCello		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1819 Mahantongo Street		Transaction ID: SA11A1.14240	
City State Zip Code Pottsville PA 17901-3227		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation PA Pharmacists Association Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Edward Dillon		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 326 East Capitol Street		Transaction ID: SA11A1.14066	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Grubb's Care Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Barry Feely		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 8093 N Cornerstone Dr.		Transaction ID: SA11A1.14248	
City State Zip Code Hayden ID 83835		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Medicine Man Prairie Phcy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. David Fong		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 502 South Almansor Street		Transaction ID: SA11A1.14199	
City State Zip Code Los Angeles CA 91801	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cathay Medical Pharmacy	Occupation Pharamcist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mr. Stephen Giroux		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 81 Telegraph Road		Transaction ID: SA11A1.14253	
City State Zip Code Middleport NY 14105	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Middleport Family Health Center	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Mr. Eddie Glover		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 2515 College Ave		Transaction ID: SA11A1.14078	
City State Zip Code Conway AR 72034	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer US Compounding Pharmacy	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 44
	<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. Full Name (Last, First, Middle Initial)
Mr. Robert E. Graul

Mailing Address Box 1188

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer Rancho Santa Fe Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	6

Transaction ID: SA11A1.14245

Amount of Each Receipt this Period
100.00

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

Mailing Address 224 Byron

City Waterloo State IA Zip Code 50701

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

Name of Employer Greenwood Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	6

Transaction ID: SA11A1.14251

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Mr. Bobby Gregg

Mailing Address 511 Ashville Hwy

City Greenville State TN Zip Code 37743

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

Name of Employer Atchley Drug Center Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	6

Transaction ID: SA11A1.14277

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 44
	<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. Mr. Dan Hagen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 808 South Lakes Street		Transaction ID: SA11A1.14041	
City State Zip Code Forest Lake MN 55025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lakes Snyder Drugs Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. William E. Hale		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address PO Box 699		Transaction ID: SA11A1.14344	
City State Zip Code Pulaski VA 24301	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Martin's Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Warren Hall		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1805 Cooks Hill Road		Transaction ID: SA11A1.14273	
City State Zip Code Centralia WA 98531	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Hall's Drug Center Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 44
	<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. Mr. Joseph Harmison		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address PO Box 152643		Transaction ID: SA11A1.14230	
City Arlington	State TX	Zip Code 76015	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harmison Pharmacies	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mr. Brad Harth		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1134 Washington Street		Transaction ID: SA11A1.14190	
City TellCity	State IN	Zip Code 47586	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Werner Drug Store	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Mr. Richard Hartig		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 703 Main		Transaction ID: SA11A1.14067	
City Dubuque	State IA	Zip Code 52003	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hartig Drug Co	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 44
	<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. Full Name (Last, First, Middle Initial)
Ms Holly Henry

Mailing Address 7317 35th Avenue NE

City State Zip Code
Seattle WA 98115

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

Name of Employer Occupation
Rextra Care Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.14195

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 9

City State Zip Code
Gloucester VA 23061

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

Name of Employer Occupation
Gloucester Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.14249

Amount of Each Receipt this Period
125.00

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

Mailing Address 673 W Karsch Blvd

City State Zip Code
Farmington MO 63640

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

Name of Employer Occupation
The Medicine Shoppe #859 Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.14193

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 44		
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. Walter Hughes		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 216 S Broad Street		Transaction ID: SA11A1.14073	
City State Zip Code Clinton SC 29325		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Sadler-Hughes Apothecare Occupation Pharmacist			
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. Mrs. Renee Jarnigan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address P.O.Box 17124		Transaction ID: SA11A1.14298	
City State Zip Code Memphis TN 38187		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Third Party Solutions Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. Dirk Jergensen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 7964 Arjons Drive #1		Transaction ID: SA11A1.14172	
City State Zip Code San Diego CA 92126		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Price Rite Pharmacy Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 44
	<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. Mr. Dennis Johnson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 708 S. Washington		Transaction ID: SA11A1.14204	
City State Zip Code Grand Forks ND 58201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wall's Medicine Center	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mr. Larry Johnson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 616 Keith Road		Transaction ID: SA11A1.14313	
City State Zip Code Bethel PA 15012	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Johnson's Pharmaceutical Servi	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Gary Jones		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1518 Taylor Street		Transaction ID: SA11A1.14247	
City State Zip Code Columbia SC 29201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hawthorne Pharmacies	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 44
	<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. Full Name (Last, First, Middle Initial)
Mr. Michael Keller

Mailing Address 141 Hospital Drive

City Salem State KY Zip Code 42078

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

Name of Employer Salem Clinci Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.14297

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Kleinbeck

Mailing Address 2210 Barrow Road

City Poplar Bluff State MO Zip Code 63901

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

Name of Employer Northwest Pharmacy Inc Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.14275

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Vincent Kuluz

Mailing Address 1053 Howard Ave

City Biloxi State MS Zip Code 39530

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

Name of Employer Economy Drugs Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.14304

Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Greg Kurtz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 406 W. Putnam Avenue		Transaction ID: SA11A1.14200	
City State Zip Code Porterville CA 93257	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 702 Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Ms. Sharlea Leatherwood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 4260 N. Oak Trfwy		Transaction ID: SA11A1.14231	
City State Zip Code Kansas City MO 64116	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Oak Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Mr. Joseph Lech		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 13 Rockledge Lane		Transaction ID: SA11A1.14289	
City State Zip Code Tunkhannock PA 18657	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lech's Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 44
	<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. Full Name (Last, First, Middle Initial) Mr. William Letendre		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 9901 S. Wilcrest		Transaction ID: SA11A1.14312	
City State Zip Code Houston TX 77099		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation PCCA Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Tom Liautaud		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 6056 Alcove Avenue		Transaction ID: SA11A1.14250	
City State Zip Code North Hollywood CA 91606		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation California Medical Pharmacy Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Mr. Kenneth Long		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 413 West Hill Street		Transaction ID: SA11A1.14320	
City State Zip Code Thomson GA 30824		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Moye Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 44
	<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. Full Name (Last, First, Middle Initial) Mr. Patrick Lynch		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 404 Hazen Street		Transaction ID: SA11A1.14283	
City State Zip Code Paw Paw MI 49079		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Hill's Prescription Shop Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Mr. Eddie Madden		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 101 College Ave		Transaction ID: SA11A1.14065	
City State Zip Code Elberton GA 30635		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Maden's Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Jonathan Marquess		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 2451 Tyne Terrace		Transaction ID: SA11A1.14074	
City State Zip Code Smyrna GA 30080		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Woodstock Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Larry McIntosh		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 10227 Hartshill Lane		Transaction ID: SA11A1.14191	
City State Zip Code St Louis MO 63128		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Pharmax Inc		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. John McKinnon		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 11155 Abercorn Street		Transaction ID: SA11A1.14042	
City State Zip Code Savannah GA 31419		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Lo Cost Pharmacy		Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ms Dorothy Meath		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 110 Main Street		Transaction ID: SA11A1.14206	
City State Zip Code Phelps NY 14532		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Whitson Pharmacy		Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Jerry Meyers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 20914 Roscoe Blvd.		Transaction ID: SA11A1.14279	
City State Zip Code Canoga Park CA 91304	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer De Soto Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mr. Svetislav Milic		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 515 Inman Ave		Transaction ID: SA11A1.14282	
City State Zip Code Colonia NJ 07067	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Colonia Natural Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. R. Morgan Moon		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 717 W. 2nd Street		Transaction ID: SA11A1.14272	
City State Zip Code Tifton GA 31794	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Moon's Pharmacy	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 44
	<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. Full Name (Last, First, Middle Initial) Mr. Grant Moulton		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 560 East Williams		Transaction ID: SA11A1.14202	
City Fallon	State NV	Zip Code 89406	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fallon Family United Drug	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Ms. DeAnn Mullins		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 830 Ohio Ave		Transaction ID: SA11A1.14299	
City Lynn Haven	State FL	Zip Code 32444	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mullins Pharmacy, Inc	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Mr. David Newell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 201 N Main Street		Transaction ID: SA11A1.14228	
City Creve Coeur	State IL	Zip Code 61610	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hometown Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 44
	<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. Full Name (Last, First, Middle Initial) Mr. Gerard O'Hare		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 66 W. Pike		Transaction ID: SA11A1.14246	
City Canonsburg	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 15317			
FEC ID number of contributing federal political committee. C			
Name of Employer Jeffrey's Drug Store	Occupation Phramacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Mr. Koteswaparao Panuganti		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 34 Eastman Street		Transaction ID: SA11A1.14062	
City Cranford	State NJ	Amount of Each Receipt this Period 300.00	
Zip Code 07016			
FEC ID number of contributing federal political committee. C			
Name of Employer Baron Drugs	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Mr. James Rankin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1106 Broadway Street		Transaction ID: SA11A1.14216	
City Highland	State IL	Amount of Each Receipt this Period 100.00	
Zip Code 62249			
FEC ID number of contributing federal political committee. C			
Name of Employer Family Care Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Larry Ratner		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 344 North Main Street		Transaction ID: SA11A1.14315	
City State Zip Code West Hartford CT 06117		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Suburban Pharmacy Occupation President			
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. Mr. Scott Rayl		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 114 S. Huron Ave		Transaction ID: SA11A1.14242	
City State Zip Code Harbor Beach MI 48441		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Harbor Drug Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. Harry Reece		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 129 W Main Street		Transaction ID: SA11A1.14201	
City State Zip Code Mountain City TN 37683		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Family Perscription Center Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Bruce Roberts		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 307 Edwards Ferry Road		Transaction ID: SA11A1.14214
City State Zip Code Leesburg VA 20176	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NCPA	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Gregory Rohde		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 934 Michigan Street		Transaction ID: SA11A1.14196
City State Zip Code Sturgeon Bay WI 54235	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bay Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. Joseph Rudolph		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 4336 Shelmire Ave		Transaction ID: SA11A1.14296
City State Zip Code Philadelphia PA 19136	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Philadelphian Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 44
	<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. Mr. James Schiffer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 912 Prospect Street		Transaction ID: SA11A1.14071	
City State Zip Code Westfield NJ 07090		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jim & Phil's Family Pharmacy		Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. Joshua Schipper		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 4815 Vernon Blvd		Transaction ID: SA11A1.14238	
City State Zip Code Long Island City NY 11101		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Vernon Blvd Pharmacy		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. Lawrence Shanley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address P.O. Box 86		Transaction ID: SA11A1.14209	
City State Zip Code Peru NY 12972		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Peru Pharmacy		Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 44
	<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. Mr. Robert Sherman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 5993 Lindhurst Ave		Transaction ID: SA11A1.14212
City State Zip Code Marysville CA 95901	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medi-Mart Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. John Sherrer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 833 Campbell Hill Street SE		Transaction ID: SA11A1.14043
City State Zip Code Marietta GA 30060	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kenmar Pharmacy Inc	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Darrin Silbaugh		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 2645 N 3rd Street		Transaction ID: SA11A1.14187
City State Zip Code Harrisburg PA 17110-2001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harrisburg Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 44
	<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. Mr. Mathew Slakoper		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 701 Bristol Pike		Transaction ID: SA11A1.14208	
City Croydon	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 19021			
FEC ID number of contributing federal political committee. C			
Name of Employer Mat's Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mr. David Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 155 Main Street		Transaction ID: SA11A1.14210	
City Brookville	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 15825			
FEC ID number of contributing federal political committee. C			
Name of Employer Means-Lauf Super Drug	Occupation Pharmacist		
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) C. Mr. David Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 155 Main Street		Transaction ID: SA11A1.14236	
City Brookville	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 15825			
FEC ID number of contributing federal political committee. C			
Name of Employer Means-Lauf Super Drug	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 44
	<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	

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

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

A. Full Name (Last, First, Middle Initial) Mr. Donald R. Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 802 E. Medical Ct		Transaction ID: SA11A1.14243	
City State Zip Code Post Falls ID 83854	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medicine Man West	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Mr. Tommy Spell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 101 E Georgetown Street		Transaction ID: SA11A1.14276	
City State Zip Code Crystal Springs MS 39059	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Biggs Drugstore	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Mr. Daryl Spence		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 4821 River Oaks Blvd.		Transaction ID: SA11A1.14330	
City State Zip Code Ft. Worth TX 76114	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Spence Pharmacy	Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Joel Thornbury		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 105 Mountainview Ct		Transaction ID: SA11A1.14239
City State Zip Code Pikeville KY 41501	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Levisa Pharmacies Inc	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. John Tilley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 11411 Brookshire Avenue		Transaction ID: SA11A1.14227
City State Zip Code Downey CA 90241	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Zweber Apothecary	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Luke Vander Bleek		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 124 East Main Street		Transaction ID: SA11A1.14244
City State Zip Code Morrison IL 61270	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fitzgerald Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 44
	<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. Mr. Keith Vander Houwen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 1778 147th Street, SE		Transaction ID: SA11A1.14317
City State Zip Code Monroe WA 98272	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pharm-A-Save	Occupation Pharmacist	
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. Mr. Maurice Warner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 108 S. 17th Street		Transaction ID: SA11A1.14207
City State Zip Code Unionville MO 63565	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Warner Drug	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. Marlin G Weekley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 1685 Call Road		Transaction ID: SA11A1.14237
City State Zip Code Metamora IL 61548	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Metamora Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 44
	<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. Mr. Ralph Williams		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 247 West Main Street		Transaction ID: SA11A1.14278	
City State Zip Code Hendersonville TN 37075		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Medicine Shoppe #755 Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Justin Wilson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1212 A South Douglas		Transaction ID: SA11A1.14221	
City State Zip Code Midwest City OK 73130		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Valo-Med Pharmacy Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. Lonny Wilson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 45 NE 52nd Street		Transaction ID: SA11A1.14252	
City State Zip Code Oklahoma City OK 73130		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pharmacy Providers of OK Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 44
	<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. Full Name (Last, First, Middle Initial)
Mr. Eric Winegardner

Mailing Address 3 North Birchwood Drive

City State Zip Code
Tecumseh OK 74873

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

Name of Employer Occupation
Eric's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.14068

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Allan Wong

Mailing Address 4445 Kissena Blvd #A

City State Zip Code
Flushing NY 11355

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

Name of Employer Occupation
Victoria Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2006

Transaction ID: SA11A1.14213

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. James Wood

Mailing Address 3868 Highway 431

City State Zip Code
roanoke AL 36274

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

Name of Employer Occupation
Emerging Home Care Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2006

Transaction ID: SA11A1.14205

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 44	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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. Full Name (Last, First, Middle Initial)
Mr. David Wright

Mailing Address 5009 Turnpike Feeder Road

City State Zip Code
Fort Pierce FL 34951

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

Name of Employer Occupation
Butterfield Drug Pharmacist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2006

Transaction ID: SA11A1.14189

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	2100.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 41 / 44	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Virginia Commerce Bank

Mailing Address 1414 Prince Street

City	State	Zip Code
Alexandria	VA	22314

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
367.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	6

Transaction ID: SA17.14359

Amount of Each Receipt this Period
103.86

Interest

SUBTOTAL of Receipts This Page (optional)	▶	103.86
TOTAL This Period (last page this line number only)	▶	103.86

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 44

<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		Transaction ID: SB21B.14363	
Mailing Address American Expressway		Date of Disbursement 04 / 28 / 2006	
City Ft. Lauderdale	State FL	Zip Code 33337	Amount of Each Disbursement this Period 63.60
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. EFS National Bank		Transaction ID: SB21B.14361	
Mailing Address PO Box 30668		Date of Disbursement 04 / 28 / 2006	
City Memphis	State TN	Zip Code 38130	Amount of Each Disbursement this Period 547.87
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

611.47

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

611.47

**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. BOB CASEY FOR PENNSYLVANIA COMMITTEE		Transaction ID: SB23.14369 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address PO BOX 22469		Amount of Each Disbursement this Period 5000.00
City PHILADELPHIA	State PA Zip Code 19110	
Purpose of Disbursement Contribution Candidate Name BOB CASEY FOR PENNSYLVANIA COMMITTEE Category/Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE		Transaction ID: SB23.14365 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA Zip Code 90048	
Purpose of Disbursement Contribution Candidate Name Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DONALD A. MANZULLO FOR CONGRESS		Transaction ID: SB23.14371 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address PO Box 7783 PO Box 7783		Amount of Each Disbursement this Period 1000.00
City Rockford	State IL Zip Code 61126	
Purpose of Disbursement Contribution Candidate Name DONALD MANZULLO FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	7000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mr. Jason Wallace		Transaction ID: SB28A.14376 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 24 South Main Street		Amount of Each Disbursement this Period 500.00
City Dry Ridge State KY Zip Code 41035		
Purpose of Disbursement Payment Stopped	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Jason Wallace		Transaction ID: SB28A.14374 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 24 South Main Street		Amount of Each Disbursement this Period 500.00
City Dry Ridge State KY Zip Code 41035		
Purpose of Disbursement Payment Stopped	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00