

**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**

CITY

STATE

ZIP CODE

C00030809

3. IS THIS
REPORTNEW
(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 (12S)

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

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

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

Type or Print Name of Treasurer

Mr. B. Douglas Hoey

Signature of Treasurer

Electronically Filed by Mr. B. Douglas Hoey

Date

0 1

3 1

2 0 1 1

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 274

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	344255.45
(b) Cash on Hand at Beginning of Reporting Period	227586.62	
(c) Total Receipts (from Line 19)	91837.80	602856.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	319424.42	947112.00
7. Total Disbursements (from Line 31)	16989.93	644677.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	302434.49	302434.49
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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M M
1 0D D
1 4Y Y Y Y
2 0 1 0

To:

M M
1 1D D
2 2Y Y Y Y
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	86902.00	491866.34
(ii) Unitemized	2860.00	105932.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	89762.00	597798.84
(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)	89762.00	597798.84
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	2075.80	4972.87
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	84.84
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))	91837.80	602856.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	91837.80	602856.55

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	1989.93	22051.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1989.93	22051.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	622626.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
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))..	16989.93	644677.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16989.93	644677.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	89762.00	597798.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89762.00	597798.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1989.93	22051.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1989.93	22051.51

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

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

FOR LINE NUMBER: PAGE 7 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Greg Adams

Mailing Address 815 Frisco Ave

City

Clinton

State

OK

Zip Code

73601-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salisbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00001

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Greg Adams

Mailing Address 815 Frisco Ave

City

Clinton

State

OK

Zip Code

73601-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salisbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00001

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Julian R. Adams, Jr.

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00002

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Julian R. Adams, Jr.

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00002

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Aimee Aday

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00003

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Aimee Aday

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00003

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth W. Aday, Jr.

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00004

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kenneth W. Aday, Jr.

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00004

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Carl Allison

Mailing Address 780 SE Baya Dr

City

Lake City

State

FL

Zip Code

32025-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baya Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20101105_00005

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Maureen Althouse

Mailing Address PO Box 1285

City

Albrightsville

State

PA

Zip Code

18210-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carrigans Country Pharmacy
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00006

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Maureen Althouse

Mailing Address PO Box 1285

City

Albrightsville

State

PA

Zip Code

18210-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carrigans Country Pharmacy
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00005

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Michael Altman

Mailing Address 544 Warburton Ave

City

Hastings On Hudson

State

NY

Zip Code

10706-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenleaf Pharmacy Rx Corp

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00007

Amount of Each Receipt this Period

100.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Amato

Mailing Address 938 Patricia Ave

City

Dunedin

State

FL

Zip Code

34698-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00008

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen J. Amato

Mailing Address 938 Patricia Ave

City

Dunedin

State

FL

Zip Code

34698-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00006

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00010

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)
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FOR LINE NUMBER: PAGE 12 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00009

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen Archbell

Mailing Address PO Box 988

City

Kitty Hawk

State

NC

Zip Code

27949-0988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00011

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stephen Archbell

Mailing Address PO Box 988

City

Kitty Hawk

State

NC

Zip Code

27949-0988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00010

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bradley J. Arthur

Mailing Address 431 Tonawanda St

City

Buffalo

State

NY

Zip Code

14207-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Rock Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00012

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bradley J. Arthur

Mailing Address 431 Tonawanda St

City

Buffalo

State

NY

Zip Code

14207-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Rock Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00011

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gary Avnet

Mailing Address 14124 Foothill Blvd

City

Sylmar

State

CA

Zip Code

91342-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sayre Medical Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00013

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gary Avnet

Mailing Address 14124 Foothill Blvd

City

Sylmar

State

CA

Zip Code

91342-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sayre Medical Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00012

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Larry Bailey

Mailing Address 711 Main St

City

Johnson City

State

NY

Zip Code

13790-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00014

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry Bailey

Mailing Address 711 Main St

City

Johnson City

State

NY

Zip Code

13790-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00013

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Steve K. Balas

Mailing Address 702 S McCarty Ave

City

Eagle Lake

State

TX

Zip Code

77434-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Lake Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00015

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Steve K. Balas

Mailing Address 702 S McCarty Ave

City

Eagle Lake

State

TX

Zip Code

77434-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Lake Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00014

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ralph W. Balchin

Mailing Address 575 Glynn St N

City

Fayetteville

State

GA

Zip Code

30214-1198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00016

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ralph W. Balchin

Mailing Address 575 Glynn St N

City

Fayetteville

State

GA

Zip Code

30214-1198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00015

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Delane M. Bassett

Mailing Address 419 E Davis St

City

Luling

State

TX

Zip Code

78648-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luling Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00017

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Delane M. Bassett

Mailing Address 419 E Davis St

City

Luling

State

TX

Zip Code

78648-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luling Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00016

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James M. Beatty

Mailing Address 745 Ross Ln

City

Bound Brook

State

NJ

Zip Code

08805-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buy-Sell A Pharmacy.Com

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00018

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

James M. Beatty

Mailing Address 745 Ross Ln

City

Bound Brook

State

NJ

Zip Code

08805-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buy-Sell A Pharmacy.Com

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00017

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Richard E. Beck

Mailing Address 1001 Congress Ave
Ste 250

City

Austin

State

TX

Zip Code

78737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Pharmacy Business
Council

Occupation

Vice President Pharmacy Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00020

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard E. Beck

Mailing Address 1001 Congress Ave
Ste 250

City State Zip Code
Austin TX 78737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Pharmacy Business
Council

Occupation
Vice President Pharmacy Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00018

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michele M. Belcher

Mailing Address 414 SW 6th St

City State Zip Code
Grants Pass OR 97526-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grants Pass Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00021

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michele M. Belcher

Mailing Address 414 SW 6th St

City State Zip Code
Grants Pass OR 97526-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grants Pass Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00019

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael R. Bellesine

Mailing Address 205 N Vine St

City

El Dorado

State

KS

Zip Code

67042-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Dorado Truecare Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00023

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael R. Bellesine

Mailing Address 205 N Vine St

City

El Dorado

State

KS

Zip Code

67042-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Dorado Truecare Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00020

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Byron Berry, Jr.

Mailing Address 508 N Main St

City

Carrollton

State

IL

Zip Code

62016-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Plus, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00024

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 274

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Byron Berry, Jr.

Mailing Address 508 N Main St

City

Carrollton

State

IL

Zip Code

62016-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Plus, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00022

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lance Bien

Mailing Address 222 S Main St

City

Milbank

State

SD

Zip Code

57252-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bien Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00025

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lance Bien

Mailing Address 222 S Main St

City

Milbank

State

SD

Zip Code

57252-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bien Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00023

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Timothy N. Bishop

Mailing Address 103 Sand Mountain Dr NE

City

Albertville

State

AL

Zip Code

35950-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bishops Pharmacy And Gifts
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00026

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Timothy N. Bishop

Mailing Address 103 Sand Mountain Dr NE

City

Albertville

State

AL

Zip Code

35950-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bishops Pharmacy And Gifts
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00024

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Paul Bivens

Mailing Address PO Box 927
619 W 2nd

City

Clarendon

State

TX

Zip Code

79226-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarendon Outpost Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00027

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Paul Bivens

Mailing Address PO Box 927
619 W 2nd

City State Zip Code
Clarendon TX 79226-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarendon Outpost Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00025

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jay Blackburn

Mailing Address 160 Business Park Cir

City State Zip Code
Stoughton WI 53589

FEC ID number of contributing
federal political committee.

C

Name of Employer
CPA

Occupation
VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00028

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jay Blackburn

Mailing Address 160 Business Park Cir

City State Zip Code
Stoughton WI 53589

FEC ID number of contributing
federal political committee.

C

Name of Employer
CPA

Occupation
VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00394

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael R. Blaire

Mailing Address 10921 N 140th Way

City

Scottsdale

State

AZ

Zip Code

85259-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diamondback Drugs

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00029

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael R. Blaire

Mailing Address 10921 N 140th Way

City

Scottsdale

State

AZ

Zip Code

85259-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diamondback Drugs

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00026

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michelle D. Blanton

Mailing Address 1616 E Main St

City

Humboldt

State

TN

Zip Code

38343-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duvall Drugs Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00030

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michelle D. Blanton

Mailing Address 1616 E Main St

City

Humboldt

State

TN

Zip Code

38343-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duvall Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00027

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Bonnie L. Bobbs-Dicello

Mailing Address 1822 W Market St

City

Pottsville

State

PA

Zip Code

17901-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yorkville Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00031

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Bonnie L. Bobbs-Dicello

Mailing Address 1822 W Market St

City

Pottsville

State

PA

Zip Code

17901-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yorkville Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00028

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Betty Jean Bocchino-O'Shea

Mailing Address 294 Lee Hwy

City

Verona

State

VA

Zip Code

24482-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verona Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00032

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Betty Jean Bocchino-O'Shea

Mailing Address 294 Lee Hwy

City

Verona

State

VA

Zip Code

24482-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verona Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00029

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Frederick J. Bonchosky

Mailing Address 1238 National Pike

City

Hopwood

State

PA

Zip Code

15445-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00034

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Frederick J. Bonchosky

Mailing Address 1238 National Pike

City

Hopwood

State

PA

Zip Code

15445-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00031

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael P. Bordes

Mailing Address 401 Sycamore St

City

Williamsburg

State

KY

Zip Code

40769-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corner Prescription Shoppe
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00035

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael P. Bordes

Mailing Address 401 Sycamore St

City

Williamsburg

State

KY

Zip Code

40769-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corner Prescription Shoppe
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00033

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Ralph Bouvette

Mailing Address 102 Enterprise Dr

City

Frankfort

State

KY

Zip Code

40601-8585

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy Services
Corporation

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 20101201_00034

Amount of Each Receipt this Period

1300.00

B.

Full Name (Last, First, Middle Initial)

Thomas Bowser

Mailing Address 241 W Long Ave

City

Du Bois

State

PA

Zip Code

15801-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shankels Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00036

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Thomas Bowser

Mailing Address 241 W Long Ave

City

Du Bois

State

PA

Zip Code

15801-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shankels Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00035

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Brandt

Mailing Address 405 Rochelle Ave

City

Rochelle Park

State

NJ

Zip Code

07662-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden State Pharmacy Own-
ers, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00038

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen Brandt

Mailing Address 405 Rochelle Ave

City

Rochelle Park

State

NJ

Zip Code

07662-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden State Pharmacy Own-
ers, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00036

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Terry M. Brimer

Mailing Address 420 W Morris Blvd
Ste 160A

City

Morristown

State

TN

Zip Code

37813-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midtown Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00039

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Terry M. Brimer

Mailing Address 420 W Morris Blvd
Ste 160A

City State Zip Code
Morristown TN 37813-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midtown Drug Company

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00037

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard P. Brisson

Mailing Address 458 Dartmouth St

City State Zip Code
New Bedford MA 02740-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer
PharmaHealth Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00040

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Bruce L. Broadrick, Sr.

Mailing Address PO Box 947

City State Zip Code
Dalton GA 30722-0947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank's Pharmacy Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00041

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bruce L. Broadrick, Sr.

Mailing Address PO Box 947

City

Dalton

State

GA

Zip Code

30722-0947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank's Pharmacy Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00039

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

George W. Brookins

Mailing Address PO Box 368

City

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookins, Inc D/B/A the
Drug Stores

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00042

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

George W. Brookins

Mailing Address PO Box 368

City

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookins, Inc D/B/A the
Drug Stores

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00040

Amount of Each Receipt this Period

200.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sally M. Brooks-Higginbotham

Mailing Address PO Box 414

City

Lakeville

State

NY

Zip Code

14480-0414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livonia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00043

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sally M. Brooks-Higginbotham

Mailing Address PO Box 414

City

Lakeville

State

NY

Zip Code

14480-0414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livonia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00395

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard Brown

Mailing Address 5277 Lincoln Hwy

City

Gap

State

PA

Zip Code

17527-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longenecker Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00044

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard Brown

Mailing Address 5277 Lincoln Hwy

City

State

Zip Code

Gap

PA

17527-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longenecker Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00041

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph G. Brummer

Mailing Address PO Box 107

City

State

Zip Code

Anthony

KS

67003-0107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irwin Potter Drug Medical
Lab

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00045

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joseph G. Brummer

Mailing Address PO Box 107

City

State

Zip Code

Anthony

KS

67003-0107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irwin Potter Drug Medical
Lab

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00042

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Anthony T. Budde, Sr.

Mailing Address 76 Memorial Ct

City

Highland

State

IL

Zip Code

62249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rinderers Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00046

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Anthony T. Budde, Sr.

Mailing Address 76 Memorial Ct

City

Highland

State

IL

Zip Code

62249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rinderers Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00043

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kip Burkett

Mailing Address 302 N Main St

City

Rushville

State

IN

Zip Code

46173-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rushville Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00047

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kip Burkett

Mailing Address 302 N Main St

City

Rushville

State

IN

Zip Code

46173-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rushville Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00044

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael Butts

Mailing Address PO Box 1030

City

Clarendon

State

TX

Zip Code

79226-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mikes Gibsons Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 20101105_00048

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Robert Cain

Mailing Address 7455 Hanson Rd

City

Hanson

State

KY

Zip Code

42413-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanson Pharmacy and Welln-
ess Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00049

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Donnie R. Calhoun

Mailing Address 3320 Henry Rd

City

Anniston

State

AL

Zip Code

36207-6344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00050

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Donnie R. Calhoun

Mailing Address 3320 Henry Rd

City

Anniston

State

AL

Zip Code

36207-6344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00045

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jerry Callahan

Mailing Address 106 Broadway St
Ste A

City

Elsberry

State

MO

Zip Code

63343-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elsberry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00051

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jerry Callahan

Mailing Address 106 Broadway St
Ste A

City State Zip Code
Elsberry MO 63343-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elsberry Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00046

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Scott Campbell

Mailing Address PO Box 840

City State Zip Code
Charlestown RI 02813-0840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocean Healthmart Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00052

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Scott Campbell

Mailing Address PO Box 840

City State Zip Code
Charlestown RI 02813-0840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocean Healthmart Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00047

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jeff Carson

Mailing Address 7220 Louis Pasteur Dr
Ste 176

City State Zip Code
San Antonio TX 78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakdell Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00048

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John R. Carson

Mailing Address 7220 Louis Pasteur Dr
Ste 176

City State Zip Code
San Antonio TX 78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakdell Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00053

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John R. Carson

Mailing Address 7220 Louis Pasteur Dr
Ste 176

City State Zip Code
San Antonio TX 78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakdell Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00049

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Chris Casey

Mailing Address 53 W Main St

City

Victor

State

NY

Zip Code

14564-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mead Square Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00054

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Chris Casey

Mailing Address 53 W Main St

City

Victor

State

NY

Zip Code

14564-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mead Square Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00050

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Brian Caswell

Mailing Address 2303 Military Ave

City

Baxter Springs

State

KS

Zip Code

66713-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolkar Drug Inc

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00055

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Brian Caswell

Mailing Address 2303 Military Ave

City

Baxter Springs

State

KS

Zip Code

66713-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolkar Drug Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00051

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Charles R. Catalano

Mailing Address 5737 Main St

City

Flushing

State

NY

Zip Code

11355-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worlds Fair Ltc Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00056

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Charles R. Catalano

Mailing Address 5737 Main St

City

Flushing

State

NY

Zip Code

11355-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worlds Fair Ltc Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00052

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Nolton W. Causey, Jr.

Mailing Address 407 Bienville St

City

Natchitoches

State

LA

Zip Code

71457-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Causey's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00057

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Nolton W. Causey, Jr.

Mailing Address 407 Bienville St

City

Natchitoches

State

LA

Zip Code

71457-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Causey's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00053

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joyce Caviness

Mailing Address PO Box 879

City

East Carbon

State

UT

Zip Code

84520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carbon Med Serv Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00058

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joyce Caviness

Mailing Address PO Box 879

City

East Carbon

State

UT

Zip Code

84520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carbon Med Serv Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00054

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Hugh M. Chancy

Mailing Address 205 E Main St

City

Hahira

State

GA

Zip Code

31632-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chancy Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00059

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Hugh M. Chancy

Mailing Address 205 E Main St

City

Hahira

State

GA

Zip Code

31632-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chancy Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00055

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rick Chester

Mailing Address 205 N Pacific Hwy

City

State

Zip Code

Talent

OR

97540-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicap Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00060

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Rick Chester

Mailing Address 205 N Pacific Hwy

City

State

Zip Code

Talent

OR

97540-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicap Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00056

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Barry Christensen

Mailing Address 3526 Tongass Ave

City

State

Zip Code

Ketchikan

AK

99901-5635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00061

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Barry Christensen

Mailing Address 3526 Tongass Ave

City

Ketchikan

State

AK

Zip Code

99901-5635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00057

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ellen M. Church

Mailing Address 7036 Misty Meadow Dr S

City

Fort Worth

State

TX

Zip Code

76133-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmaceutical
Services

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

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

Transaction ID: 20101105_00062

Amount of Each Receipt this Period

465.00

C.

Full Name (Last, First, Middle Initial)

David J. Cippel

Mailing Address PO Box 151

City

Ford City

State

PA

Zip Code

16226-0151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Klingensmith's Drug Store

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00063

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David J. Cippel

Mailing Address PO Box 151

City

Ford City

State

PA

Zip Code

16226-0151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Klingensmith's Drug Store

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00058

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Johnny Hoyt Cleveland

Mailing Address PO Box 52

City

Locust Fork

State

AL

Zip Code

35097-0052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Locust Fork Pharmacy Llc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00064

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

James E. Coast

Mailing Address PO Box 911
109 W Kansas

City

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00065

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)

491.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James E. Coast

Mailing Address PO Box 911

109 W Kansas

City

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00059

Amount of Each Receipt this Period

416.66

B.

Full Name (Last, First, Middle Initial)

Michael E. Coast

Mailing Address PO Box 782

City

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coast Health Services

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00066

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael E. Coast

Mailing Address PO Box 782

City

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coast Health Services

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00060

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

616.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Alan B. Cohen

Mailing Address 524 Brdway

City

Monticello

State

NY

Zip Code

12701-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Family Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00067

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alan B. Cohen

Mailing Address 524 Brdway

City

Monticello

State

NY

Zip Code

12701-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Family Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00061

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dale Coker

Mailing Address 2260 Holly Springs Pkwy
Ste 180

City

Canton

State

GA

Zip Code

30115-9580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Custom Script

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00068

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dale Coker

Mailing Address 2260 Holly Springs Pkwy
Ste 180

City State Zip Code
Canton GA 30115-9580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Custom Script

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00062

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Gerry Colby

Mailing Address 1181 Walker Ave NW

City State Zip Code
Grand Rapids MI 49504-7404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walker Street Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 20101105_00069

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Pamela R. Compton

Mailing Address PO Box 280

City State Zip Code
Seneca MO 64365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prater Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00070

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

440.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Royce G. Cook, Jr.

Mailing Address 1050 Junction Hwy

City

Kerrville

State

TX

Zip Code

78028-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerrville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00071

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Royce G. Cook, Jr.

Mailing Address 1050 Junction Hwy

City

Kerrville

State

TX

Zip Code

78028-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerrville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00063

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lewis Cooper, Jr.

Mailing Address PO Box 668

City

Vass

State

NC

Zip Code

28394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coopers Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00072

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Cory

Mailing Address 389 Stafford Rd

City

Fall River

State

MA

Zip Code

02721-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00073

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas Cory

Mailing Address 389 Stafford Rd

City

Fall River

State

MA

Zip Code

02721-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00064

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John Coster

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Community Pharma-
cists Associa

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00074

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John Coster

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Community Pharma-
cists Associa

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00065

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Charles D. Cottrell

Mailing Address 1121 Belleville Ave
Ste A

City

Brewton

State

AL

Zip Code

36426-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00075

Amount of Each Receipt this Period

416.66

C.

Full Name (Last, First, Middle Initial)

Charles D. Cottrell

Mailing Address 1121 Belleville Ave
Ste A

City

Brewton

State

AL

Zip Code

36426-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00066

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)

953.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael E. Coughlin

Mailing Address 5828 Reeds Rd

City

Mission

State

KS

Zip Code

66202-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
ScriptPro LLC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00076

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael E. Coughlin

Mailing Address 5828 Reeds Rd

City

Mission

State

KS

Zip Code

66202-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
ScriptPro LLC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00067

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Diana S. Courtney

Mailing Address 1399 Southwest McVey Avenue

City

Lake Oswego

State

OR

Zip Code

97034-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Shore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 82EB9DEA432347ABFE3

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Denise Cousins

Mailing Address 4343 Main Ave

City

Ashtabula

State

OH

Zip Code

44004-6852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00078

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Denise Cousins

Mailing Address 4343 Main Ave

City

Ashtabula

State

OH

Zip Code

44004-6852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00068

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Tommy Dagenhart

Mailing Address 1918 Randolph Rd
Ste 120

City

Charlotte

State

NC

Zip Code

28207-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nalle Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00080

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tommy Dagenhart

Mailing Address 1918 Randolph Rd
Ste 120

City State Zip Code
Charlotte NC 28207-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nalle Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00070

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

David Darby

Mailing Address 301 E Three Notch St

City State Zip Code
Andalusia AL 36420-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Darby's Village Pharmacy,
Inc.

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00081

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

David Darby

Mailing Address 301 E Three Notch St

City State Zip Code
Andalusia AL 36420-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Darby's Village Pharmacy,
Inc.

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00071

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joe T. Daugherty

Mailing Address PO Box 93

1365 Spur Drive -

City

Marshfield

State

MO

Zip Code

65706-0093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanleys Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00082

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Joe T. Daugherty

Mailing Address PO Box 93

1365 Spur Drive -

City

Marshfield

State

MO

Zip Code

65706-0093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanleys Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00072

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Rodolfo Davila, Jr.

Mailing Address 1423 Guadalupe St
Ste 108

City

San Antonio

State

TX

Zip Code

78207-5568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davila Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00083

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rodolfo Davila, III

Mailing Address 1423 Guadalupe St
Ste 108

City State Zip Code
San Antonio TX 78207-5568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davila Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00084

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Rodolfo Davila, Jr.

Mailing Address 1423 Guadalupe St
Ste 108

City State Zip Code
San Antonio TX 78207-5568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davila Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00073

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Rodolfo Davila, III

Mailing Address 1423 Guadalupe St
Ste 108

City State Zip Code
San Antonio TX 78207-5568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davila Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00074

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Norman W. Davis

Mailing Address 1623 21st Ct

City

Phenix City

State

AL

Zip Code

36867-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00085

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Norman W. Davis

Mailing Address 1623 21st Ct

City

Phenix City

State

AL

Zip Code

36867-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00075

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Davis

Mailing Address 457 3rd St

City

Beaver

State

PA

Zip Code

15009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaver Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00086

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Davis

Mailing Address 457 3rd St

City

Beaver

State

PA

Zip Code

15009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaver Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00076

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John N. Debalko

Mailing Address 322 S Hancock St

City

McAdoo

State

PA

Zip Code

18237-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Drug Store

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00087

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John N. Debalko

Mailing Address 322 S Hancock St

City

McAdoo

State

PA

Zip Code

18237-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Drug Store

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00077

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Angelo DeFazio

Mailing Address 500 Farmington Ave

City

Hartford

State

CT

Zip Code

06105-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arrow Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00088

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Angelo DeFazio

Mailing Address 500 Farmington Ave

City

Hartford

State

CT

Zip Code

06105-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arrow Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00078

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Robert M. Defee

Mailing Address PO Box 900

City

Mc Bee

State

SC

Zip Code

29101-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandhills Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00079

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Alan F. Defever

Mailing Address 601 W 11th St

City

Coffeyville

State

KS

Zip Code

67337-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Prescription Shop, In-
c.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00089

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Alan F. Defever

Mailing Address 16328 Barton St

City

Olathe

State

KS

Zip Code

66062

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Prescription Shop, In-
c.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00080

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Johnette DeLeon

Mailing Address PO Box 1139

City

Taylor

State

TX

Zip Code

76574-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfennigs Prescription Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00090

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Johnette DeLeon

Mailing Address PO Box 1139

City

Taylor

State

TX

Zip Code

76574-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfennigs Prescription Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00081

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kort H. Delost

Mailing Address 47 E 500 S

City

Bountiful

State

UT

Zip Code

84010-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00091

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kort H. Delost

Mailing Address 47 E 500 S

City

Bountiful

State

UT

Zip Code

84010-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00082

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 274

(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

A.

Full Name (Last, First, Middle Initial)

David Devido

Mailing Address 6435 San Felipe St

City

Houston

State

TX

Zip Code

77057-2705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Briargrove Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20101105_00092

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Carmen A. Dicello

Mailing Address 1819 Mahantongo St

City

Pottsville

State

PA

Zip Code

17901-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towne Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00093

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Carmen A. Dicello

Mailing Address 1819 Mahantongo St

City

Pottsville

State

PA

Zip Code

17901-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towne Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: 20101201_00083

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John F. DiMaggio

Mailing Address 5208 Veterans Memorial Blvd

City State Zip Code
Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patio Drugs

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00094

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John F. DiMaggio

Mailing Address 5208 Veterans Memorial Blvd

City State Zip Code
Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patio Drugs

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00084

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John A. Dinkelaker

Mailing Address 7717 Beechmont Ave

City State Zip Code
Cincinnati OH 45255-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kunkel Pharmaceutical Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00095

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John A. Dinkelaker

Mailing Address 7717 Beechmont Ave

City

Cincinnati

State

OH

Zip Code

45255-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kunkel Pharmaceutical Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00085

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael Donohue

Mailing Address 1407 NW 85th St

City

Seattle

State

WA

Zip Code

98117-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bob Johnsons Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00096

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Michael Donohue

Mailing Address 1407 NW 85th St

City

Seattle

State

WA

Zip Code

98117-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bob Johnsons Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00086

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Lanny Doud

Mailing Address PO Box 24389

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperativ-
e, Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00098

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lanny Doud

Mailing Address PO Box 24389

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperativ-
e, Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00087

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry Doud

Mailing Address PO Box 24389

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperativ-
e, Inc.

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2140.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00097

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Larry Doud

Mailing Address PO Box 24389

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperativ-
e, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2140.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 20101201_00089

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Larry Doud

Mailing Address PO Box 24389

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperativ-
e, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2140.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00088

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Mark Doyle

Mailing Address PO Box 192

City

Centre Hall

State

PA

Zip Code

16828-0192

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLanahan Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00099

Amount of Each Receipt this Period

40.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark Doyle

Mailing Address PO Box 192

City

Centre Hall

State

PA

Zip Code

16828-0192

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLanahan Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00090

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

William Drahushak, III

Mailing Address 700 S Brady St

City

Du Bois

State

PA

Zip Code

15801-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubois Drug & Wellness

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00100

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

William Drahushak, III

Mailing Address 700 S Brady St

City

Du Bois

State

PA

Zip Code

15801-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubois Drug & Wellness

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00091

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James E. Dunaway

Mailing Address 110 3rd St

City

Henderson

State

KY

Zip Code

42420-2993

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dunaways Imperial Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00101

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James E. Dunaway

Mailing Address 110 3rd St

City

Henderson

State

KY

Zip Code

42420-2993

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dunaways Imperial Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00092

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David H. Dunson

Mailing Address 99 Main Street

City

Northfork

State

WV

Zip Code

24868-0397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Diamond Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00102

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 274

(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

A.

Full Name (Last, First, Middle Initial)

David H. Dunson

Mailing Address 99 Main Street

City

Northfork

State

WV

Zip Code

24868-0397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Diamond Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00093

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Julie L. Ehemann

Mailing Address 5495 Salem Ave

City

Dayton

State

OH

Zip Code

45426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cub Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00094

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Glenn Eldridge

Mailing Address 675 Patrick Pl
Ste F

City

Brownsburg

State

IN

Zip Code

46112-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00103

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Glenn Eldridge

Mailing Address 675 Patrick Pl

City

Brownsburg

State

IN

Zip Code

46112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00095

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Roy E. Elsner

Mailing Address 446 Trescartes
Unit 9

City

Spring Creek

State

NV

Zip Code

89815-9730

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pill Box

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00104

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Roy E. Elsner

Mailing Address 446 Trescartes
Unit 9

City

Spring Creek

State

NV

Zip Code

89815-9730

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pill Box

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00096

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tom Engel

Mailing Address 1536 N 115th St
Ste 100

City State Zip Code
Seattle WA 98133-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Prescription And
Medical Sup

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00106

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tom Engel

Mailing Address 1536 N 115th St
Ste 100

City State Zip Code
Seattle WA 98133-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Prescription And
Medical Sup

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00097

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Arthur Boyd Ennis, Jr.

Mailing Address 140 Montevallo Ln

City State Zip Code
Mountain Brk AL 35213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Payless Drugs

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4530.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00107

Amount of Each Receipt this Period

470.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Arthur Boyd Ennis, Jr.

Mailing Address 140 Montevallo Ln

City

Mountain Brk

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Payless Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4530.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00098

Amount of Each Receipt this Period

470.00

B.

Full Name (Last, First, Middle Initial)

Randy . Epley

Mailing Address 208 Avery Ave

City

Morganton

State

NC

Zip Code

28655-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Health Mart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00108

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Randy . Epley

Mailing Address 208 Avery Ave

City

Morganton

State

NC

Zip Code

28655-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Health Mart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00099

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Lisa Faast

Mailing Address 3400 Calloway Dr
Ste 701

City State Zip Code
Bakersfield CA 93312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faast Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00109

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lisa Faast

Mailing Address 3400 Calloway Dr
Ste 701

City State Zip Code
Bakersfield CA 93312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faast Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00100

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael Fapore

Mailing Address 131 S Pleasant Ave

City State Zip Code
Somerset PA 15501-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00110

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael Fapore

Mailing Address 131 S Pleasant Ave

City

Somerset

State

PA

Zip Code

15501-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00101

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Garland Bruce Faulkenberg

Mailing Address 400 Main St

City

Rockport

State

IN

Zip Code

47635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockport Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00111

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Garland Bruce Faulkenberg

Mailing Address 400 Main St

City

Rockport

State

IN

Zip Code

47635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockport Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00102

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gregory Ferraro

Mailing Address 359 E Main St

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Jacobson Surgical
Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 20101105_00112

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Marc E. Finke

Mailing Address 203 E Main St

City

Drexel

State

MO

Zip Code

64742-0407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00113

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Marc E. Finke

Mailing Address 203 E Main St

City

Drexel

State

MO

Zip Code

64742-0407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00103

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer Taylor Fix

Mailing Address 3183 Denton Hwy
Ste A

City State Zip Code
Haltom City TX 76117-3293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jen Care Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00114

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Taylor Fix

Mailing Address 3183 Denton Hwy
Ste A

City State Zip Code
Haltom City TX 76117-3293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jen Care Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00104

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Gene Forrester

Mailing Address 1001 W Brdway

City State Zip Code
Columbia MO 65203-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
D & H Prescription Drug
Co., Inc.

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00115

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gene Forrester

Mailing Address 1001 W Brdway

City

Columbia

State

MO

Zip Code

65203-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
D & H Prescription Drug
Co., Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00105

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Terry Forshee

Mailing Address 2850 Westside Dr NW
Ste A

City

Cleveland

State

TN

Zip Code

37312-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Pharmacy & Med
Supply

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00116

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Terry Forshee

Mailing Address 2850 Westside Dr NW
Ste A

City

Cleveland

State

TN

Zip Code

37312-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cherokee Pharmacy & Med
Supply

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00106

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Lisa A. Fowler

Mailing Address 107 S West St
493

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Community Pharma-
cists Associa

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 20101105_00117

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert B. Frankil

Mailing Address PO Box 197

City State Zip Code
Skipack PA 19474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skipack Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00118

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert B. Frankil

Mailing Address PO Box 197

City State Zip Code
Skipack PA 19474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skipack Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00107

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Elmer Frech

Mailing Address 623 W Main St

City

Henryetta

State

OK

Zip Code

74437-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okemah Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 20101201_00108

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ira N. Freeman

Mailing Address 12660 Riverside Dr
Ste 100

City

Valley Village

State

CA

Zip Code

91607-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00119

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ira N. Freeman

Mailing Address 12660 Riverside Dr
Ste 100

City

Valley Village

State

CA

Zip Code

91607-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00109

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas E. Fuller

Mailing Address PO Box 1109
223 N Main Street

City State Zip Code
Marion SC 29571-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00110

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

David Fulton, Jr.

Mailing Address 236 N Market St

City State Zip Code
Frederick MD 21701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitesells Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00120

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David Fulton, Jr.

Mailing Address 236 N Market St

City State Zip Code
Frederick MD 21701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitesells Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00111

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Douglas L. Funk

Mailing Address 1020 Elmhurst Blvd

City

Concordia

State

KS

Zip Code

66901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Funk Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00121

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Douglas L. Funk

Mailing Address 1020 Elmhurst Blvd

City

Concordia

State

KS

Zip Code

66901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Funk Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00112

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William R. Futrell, Jr.

Mailing Address 124 N Main St

City

Rich Square

State

NC

Zip Code

27869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Futrell Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00122

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

William R. Futrell, Jr.

Mailing Address 124 N Main St

City

Rich Square

State

NC

Zip Code

27869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Futrell Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00113

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Leon Galehouse, III

Mailing Address 1015 S Hackett Rd
Ste 300

City

Waterloo

State

IA

Zip Code

50701-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amicare Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00123

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Leon Galehouse, III

Mailing Address 1015 S Hackett Rd
Ste 300

City

Waterloo

State

IA

Zip Code

50701-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amicare Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00114

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rick Gallaher

Mailing Address 804 Ridgeway Ave

City

Signal Mountain

State

TN

Zip Code

37377-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Signal Mountain Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00124

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rick Gallaher

Mailing Address 804 Ridgeway Ave

City

Signal Mountain

State

TN

Zip Code

37377-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Signal Mountain Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00115

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Paresh Gandhi

Mailing Address 980 S Orange Ave

City

Newark

State

NJ

Zip Code

07106-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weisbrods Pharmacy LLC

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
1 1 / 1 6 / 2 0 1 0

Transaction ID: 26B705B8B6C5334EA51

Amount of Each Receipt this Period

500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Cheryl L. Garvin

Mailing Address 36 Catoctin Cir SE
Ste C

City State Zip Code
Leesburg VA 20175-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leesburg Pharmacy, Inc.

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00125

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Cheryl L. Garvin

Mailing Address 36 Catoctin Cir SE
Ste C

City State Zip Code
Leesburg VA 20175-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leesburg Pharmacy, Inc.

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00116

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ernesto F Garza-Gongora

Mailing Address 18866 Stone Oak Pkwy
Ste 101

City State Zip Code
San Antonio TX 78258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Oak Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00126

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ernesto F Garza-Gongora

Mailing Address 18866 Stone Oak Pkwy
Ste 101

City State Zip Code
San Antonio TX 78258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Oak Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00117

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Ann Gentry

Mailing Address 203 N 2nd St

City State Zip Code
Central City KY 42330-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central City Clinic Pharm-
acy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00127

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Ann Gentry

Mailing Address 203 N 2nd St

City State Zip Code
Central City KY 42330-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central City Clinic Pharm-
acy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00118

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kerry W. Gerdes

Mailing Address 245 Main St

City

Conneaut

State

OH

Zip Code

44030-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gerdes Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00128

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kerry W. Gerdes

Mailing Address 245 Main St

City

Conneaut

State

OH

Zip Code

44030-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gerdes Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00119

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael Gilfillan

Mailing Address 105 Main St

City

Bar Harbor

State

ME

Zip Code

04609-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
West End Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00129

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael Gilfillan

Mailing Address 105 Main St

City

Bar Harbor

State

ME

Zip Code

04609-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
West End Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00120

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

R. George Gillman

Mailing Address 480 Main St

City

Brookville

State

IN

Zip Code

47012-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
George's Family Pharmacy
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00130

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

R. George Gillman

Mailing Address 480 Main St

City

Brookville

State

IN

Zip Code

47012-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
George's Family Pharmacy
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00121

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Stephen L. Giroux

Mailing Address PO Box 188

City

Middleport

State

NY

Zip Code

14105-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middleport Family Health
Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00131

Amount of Each Receipt this Period

416.66

B.

Full Name (Last, First, Middle Initial)

Stephen L. Giroux

Mailing Address PO Box 188

City

Middleport

State

NY

Zip Code

14105-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middleport Family Health
Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: 20101201_00122

Amount of Each Receipt this Period

416.66

C.

Full Name (Last, First, Middle Initial)

Gary Glisson

Mailing Address PO Box 400

City

Nashville

State

NC

Zip Code

27856-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ward Drug Company of Nash-
ville

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00132

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

933.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gary Glisson

Mailing Address PO Box 400

City

Nashville

State

NC

Zip Code

27856-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ward Drug Company of Nash-
ville

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00123

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ricky G. Gonzalez

Mailing Address 1342 Fair Ave

City

San Antonio

State

TX

Zip Code

78223-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00133

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ricky G. Gonzalez

Mailing Address 1342 Fair Ave

City

San Antonio

State

TX

Zip Code

78223-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00124

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eric L. Graf

Mailing Address 8614 Hartman Rd

City

Wadsworth

State

OH

Zip Code

44281-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ritzman Pharmacies, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00134

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Eric L. Graf

Mailing Address 8614 Hartman Rd

City

Wadsworth

State

OH

Zip Code

44281-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ritzman Pharmacies, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00125

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David B. Graves

Mailing Address 770 Pine St
Ste 100

City

Macon

State

GA

Zip Code

31201-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00135

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David B. Graves

Mailing Address 770 Pine St
Ste 100

City State Zip Code
Macon GA 31201-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00126

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dean Graziano

Mailing Address 877 Main St

City State Zip Code
Belford NJ 07718-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Pharmacy & Med-
ical Equipmen

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00136

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dean Graziano

Mailing Address 877 Main St

City State Zip Code
Belford NJ 07718-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Pharmacy & Med-
ical Equipmen

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00127

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Robert Greenwood

Mailing Address 224 Byron Ave

City

Waterloo

State

IA

Zip Code

50702-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00137

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Greenwood

Mailing Address 224 Byron Ave

City

Waterloo

State

IA

Zip Code

50702-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00128

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bobby Gregg

Mailing Address 511 Asheville Hwy

City

Greeneville

State

TN

Zip Code

37743-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atchley Drug Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00138

Amount of Each Receipt this Period

100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bobby Gregg

Mailing Address 511 Asheville Hwy

City

Greeneville

State

TN

Zip Code

37743-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atchley Drug Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00129

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John C. Griffin

Mailing Address 13907 High Rd

City

Mabelvale

State

AR

Zip Code

72103-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shannon Hills Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00139

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John C. Griffin

Mailing Address 13907 High Rd

City

Mabelvale

State

AR

Zip Code

72103-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shannon Hills Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00130

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Don Grove, Jr.

Mailing Address PO Box 1599

City

Warsaw

State

MO

Zip Code

65355-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
J And D Truecare Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00140

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Don Grove, Jr.

Mailing Address PO Box 1599

City

Warsaw

State

MO

Zip Code

65355-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
J And D Truecare Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00131

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gabriel R. Guijarro

Mailing Address 903 W Frank Ave

City

Lufkin

State

TX

Zip Code

75904-3344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00141

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Amber Haag

Mailing Address 1961 Burlingame Rd

City

Emporia

State

KS

Zip Code

66801-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Shoppe

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
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00142

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Amber Haag

Mailing Address 2715 Candlewood Dr
the Medicine Shoppe #1236

City

Emporia

State

KS

Zip Code

66801

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Shoppe

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
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00132

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Luann Haas

Mailing Address 1350 Mulholland St

City

Nauvoo

State

IL

Zip Code

62354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nauvoo Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00143

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Luann Haas

Mailing Address 1350 Mulholland St

City

Nauvoo

State

IL

Zip Code

62354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nauvoo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00133

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul F. Hackett

Mailing Address 101 Pleasant St

City

South Weymouth

State

MA

Zip Code

02190-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oldens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00144

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Paul F. Hackett

Mailing Address 101 Pleasant St

City

South Weymouth

State

MA

Zip Code

02190-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oldens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00134

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John Hagood

Mailing Address 102 N Main St

City

Medicine Lodge

State

KS

Zip Code

67104-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hibbards Prescriptions Pl-
us

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00145

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John Hagood

Mailing Address 102 N Main St

City

Medicine Lodge

State

KS

Zip Code

67104-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hibbards Prescriptions Pl-
us

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00135

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Travis Scott Hall

Mailing Address 700 W Pine St

City

Mount Airy

State

NC

Zip Code

27030-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Airy Drug Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00146

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Travis Scott Hall

Mailing Address 700 W Pine St

City

Mount Airy

State

NC

Zip Code

27030-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Airy Drug Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00136

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Larry Halper

Mailing Address 201 City Ave

City

Merion Station

State

PA

Zip Code

19066-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dakes Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00147

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Larry Halper

Mailing Address 201 City Ave

City

Merion Station

State

PA

Zip Code

19066-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dakes Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00137

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eric J. Hamik

Mailing Address 3611 2nd Ave

City

Kearney

State

NE

Zip Code

68847-8104

FEC ID number of contributing
federal political committee.

C

Name of Employer
U Save Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00148

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Eric J. Hamik

Mailing Address 3611 2nd Ave

City

Kearney

State

NE

Zip Code

68847-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
U Save Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00138

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joseph H. Harmison

Mailing Address PO Box 152643

City

Arlington

State

TX

Zip Code

76015-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer
DFW Prescriptions Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00149

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joseph H. Harmison

Mailing Address PO Box 152643

City

Arlington

State

TX

Zip Code

76015-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer
DFW Prescriptions Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00139

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Craig Harmon

Mailing Address PO Box 758

City

Chapin

State

SC

Zip Code

29036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chapin Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00150

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Craig Harmon

Mailing Address PO Box 758

City

Chapin

State

SC

Zip Code

29036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chapin Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00140

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Shane Harrell

Mailing Address PO Box B

City

Ilwaco

State

WA

Zip Code

98624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ilwaco Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00141

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brad N. Harth

Mailing Address 1134 Washington St

City

Tell City

State

IN

Zip Code

47586-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Werner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00151

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Brad N. Harth

Mailing Address 1134 Washington St

City

Tell City

State

IN

Zip Code

47586-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Werner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00142

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bentley F. Hawley

Mailing Address PO Box 4474

City

Odessa

State

TX

Zip Code

79760-4474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00152

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Bentley F. Hawley

Mailing Address PO Box 4474

City

Odessa

State

TX

Zip Code

79760-4474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00143

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ron E. Hembery

Mailing Address 13040 Highway 12

City

Orofino

State

ID

Zip Code

83544-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Value

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00153

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ron E. Hemberry

Mailing Address 13040 Highway 12

City

Orofino

State

ID

Zip Code

83544-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Value

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00144

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Cliff Hemingway

Mailing Address 3330 Monroe Rd

City

Charlotte

State

NC

Zip Code

28205-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanley Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00154

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cliff Hemingway

Mailing Address 3330 Monroe Rd

City

Charlotte

State

NC

Zip Code

28205-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanley Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00145

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Holly W. Henry

Mailing Address 7317 35th Ave NE

City

Seattle

State

WA

Zip Code

98115-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rxtra Care Pharmacy View
Ridge

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00155

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Holly W. Henry

Mailing Address 7317 35th Ave NE

City

Seattle

State

WA

Zip Code

98115-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rxtra Care Pharmacy View
Ridge

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00146

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Henry

Mailing Address 4831 35th Ave SW

City

Seattle

State

WA

Zip Code

98126-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rxtra Care Pharmacy At the
Mount

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00156

Amount of Each Receipt this Period

150.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael J. Henry

Mailing Address 4831 35th Ave SW

City

Seattle

State

WA

Zip Code

98126-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rxtra Care Pharmacy At the
Mount

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00147

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Raymond Greg Hickman

Mailing Address PO Box 965

City

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00159

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Raymond Greg Hickman

Mailing Address PO Box 965

City

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00149

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Katherine R. Hicks

Mailing Address 1020 Richland Ave W

City

Aiken

State

SC

Zip Code

29801-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00160

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Katherine R. Hicks

Mailing Address 1020 Richland Ave W

City

Aiken

State

SC

Zip Code

29801-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00150

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Don A. Hill

Mailing Address 1509 W 12th Ave

City

Emporia

State

KS

Zip Code

66801-2457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00161

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Don A. Hill

Mailing Address 1509 W 12th Ave

City

Emporia

State

KS

Zip Code

66801-2457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00151

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

H. S. Hill

Mailing Address PO Box 428

City

Gardendale

State

AL

Zip Code

35071

FEC ID number of contributing
federal political committee.

C

Name of Employer
J And J Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 20101105_00162

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas R. Hodel

Mailing Address 299 N Binkley St

City

Soldotna

State

AK

Zip Code

99669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Soldotna Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00163

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas R. Hodel

Mailing Address 299 N Binkley St

City

Soldotna

State

AK

Zip Code

99669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Soldotna Professional Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00152

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joanne Hoffman Beechko

Mailing Address 1963 Jericho Tpke

City

East Northport

State

NY

Zip Code

11731-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Express Pharmacy Of Ea-
st Northport

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00164

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Joanne Hoffman Beechko

Mailing Address 1963 Jericho Tpke

City

East Northport

State

NY

Zip Code

11731-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Express Pharmacy Of Ea-
st Northport

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00153

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Paul Holifield

Mailing Address 1595 Harrison St

City

Batesville

State

AR

Zip Code

72501-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Econo Mart Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00165

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul Holifield

Mailing Address 1595 Harrison St

City

Batesville

State

AR

Zip Code

72501-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Econo Mart Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00154

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David B. Holman

Mailing Address 673 W Karsch Blvd

City

Farmington

State

MO

Zip Code

63640-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holman Healthcare, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00166

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David B. Holman

Mailing Address 673 W Karsch Blvd

City

Farmington

State

MO

Zip Code

63640-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holman Healthcare, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00155

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Edmund R. Horton

Mailing Address 2445 Northwest Loop
Ste A

City

Stephenville

State

TX

Zip Code

76401-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanglewood Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4455.52

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00167

Amount of Each Receipt this Period

544.44

C.

Full Name (Last, First, Middle Initial)

Edmund R. Horton

Mailing Address 2445 Northwest Loop
Ste A

City

Stephenville

State

TX

Zip Code

76401-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanglewood Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4455.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00156

Amount of Each Receipt this Period

544.44

SUBTOTAL of Receipts This Page (optional)

1238.88

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Brian M. Hose

Mailing Address 17316 Shepherdstown Pike

City

Sharpsburg

State

MD

Zip Code

21782-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpsburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00168

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brian M. Hose

Mailing Address 17316 Shepherdstown Pike

City

Sharpsburg

State

MD

Zip Code

21782-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpsburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00157

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Hayden O. Houston, Jr.

Mailing Address PO Box 155

City

Hebron

State

CT

Zip Code

06248-0155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hebron Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00169

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Hayden O. Houston, Jr.

Mailing Address PO Box 155

City

Hebron

State

CT

Zip Code

06248-0155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hebron Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00158

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Walter M. Hughes, Jr.

Mailing Address 216 S Broad St

City

Clinton

State

SC

Zip Code

29325-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sadler-Hughes Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00170

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Walter M. Hughes, Jr.

Mailing Address 216 S Broad St

City

Clinton

State

SC

Zip Code

29325-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sadler-Hughes Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00159

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ralph B. Hunter

Mailing Address PO Box 797

City

Richlands

State

NC

Zip Code

28574-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Big Value Discount Drug
Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00171

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ralph B. Hunter

Mailing Address PO Box 797

City

Richlands

State

NC

Zip Code

28574-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Big Value Discount Drug
Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00160

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jabir Husain

Mailing Address 1526 Cortelyou Rd

City

Brooklyn

State

NY

Zip Code

11226-5608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenfield Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00172

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jabir Husain

Mailing Address 1526 Cortelyou Rd

City

Brooklyn

State

NY

Zip Code

11226-5608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenfield Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00161

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John A. Hutchison

Mailing Address 101 W Market St

City

Mount Carroll

State

IL

Zip Code

61053-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00173

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John A. Hutchison

Mailing Address 101 W Market St

City

Mount Carroll

State

IL

Zip Code

61053-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00162

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Peter K. Illig

Mailing Address 445 Broad St

City

Salamanca

State

NY

Zip Code

14779-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00174

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Peter K. Illig

Mailing Address 445 Broad St

City

Salamanca

State

NY

Zip Code

14779-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00163

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Hank Incognito

Mailing Address 994 Rahway Ave

City

Avenel

State

NJ

Zip Code

07001-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avenel Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00175

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Hank Incognito

Mailing Address 994 Rahway Ave

City

Avenel

State

NJ

Zip Code

07001-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avenel Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00164

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Steve Irsfeld

Mailing Address 33 9th St W

City

Dickinson

State

ND

Zip Code

58601-3950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irsfeld Pharmacy PC

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00176

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Steve Irsfeld

Mailing Address 33 9th St W

City

Dickinson

State

ND

Zip Code

58601-3950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irsfeld Pharmacy PC

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00165

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Moushira Iskander

Mailing Address 4 Bardonia Mall

City

Bardonia

State

NY

Zip Code

10954-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bardonia Drug Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00177

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Moushira Iskander

Mailing Address 4 Bardonia Mall

City

Bardonia

State

NY

Zip Code

10954-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bardonia Drug Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00166

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jim Ivie

Mailing Address 149 Crown Hill Rd

City

Excelsior Springs

State

MO

Zip Code

64024-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Browns Prescription Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00178

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jim Ivie

Mailing Address 149 Crown Hill Rd

City

Excelsior Springs

State

MO

Zip Code

64024-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Browns Prescription Drug

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00167

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Howard Jacobson

Mailing Address 30 Hempstead Ave
Ste 156

City

Rockville Centre

State

NY

Zip Code

11570-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockville Centre Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00179

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Howard Jacobson

Mailing Address 30 Hempstead Ave
Ste 156

City

Rockville Centre

State

NY

Zip Code

11570-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockville Centre Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00168

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Forrest M. James

Mailing Address 702 N Person St

City

Raleigh

State

NC

Zip Code

27604-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Person Street Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00180

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Malcolm Janet

Mailing Address 4900 Prospect Ave
Ste 106

City

Yorba Linda

State

CA

Zip Code

92886-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linda Vista Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00181

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Malcolm Janet

Mailing Address 4900 Prospect Ave
Ste 106

City

Yorba Linda

State

CA

Zip Code

92886-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linda Vista Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00169

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

H. Barry Jarnigan

Mailing Address PO Box 17124

City

Memphis

State

TN

Zip Code

38187-0124

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneRiver Pharmacy Solut-
ions

Occupation

VP Marketing and Product Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00182

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

H. Barry Jarnigan

Mailing Address PO Box 17124

City

Memphis

State

TN

Zip Code

38187-0124

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneRiver Pharmacy Solut-
ions

Occupation

VP Marketing and Product Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00170

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kent Jenema

Mailing Address 1414 W Fair Ave
Ste 133

City

Marquette

State

MI

Zip Code

49855-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peninsula Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00183

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kent Jenema

Mailing Address 1414 W Fair Ave
Ste 133

City State Zip Code
Marquette MI 49855-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peninsula Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

11 / 19 / 2010

Transaction ID: 20101201_00171

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Dan W. Jespersen

Mailing Address 302 N Main St

City State Zip Code
Duncanville TX 75116-3651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ben Franklin Apothecary

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 21 / 2010

Transaction ID: 20101105_00184

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dan W. Jespersen

Mailing Address 302 N Main St

City State Zip Code
Duncanville TX 75116-3651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ben Franklin Apothecary

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

11 / 19 / 2010

Transaction ID: 20101201_00172

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark Johnson

Mailing Address 109 S Main St

City

State

Zip Code

Colfax

WA

99111-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tick Klock Drugs Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00185

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mark Johnson

Mailing Address 109 S Main St

City

State

Zip Code

Colfax

WA

99111-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tick Klock Drugs Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00173

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Donald M. Johnston

Mailing Address 8601 W Main St

City

State

Zip Code

Belleville

IL

62223-1788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hidex Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 20101105_00187

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Patty Johnston

Mailing Address 211 Granville Ave

City

Beckley

State

WV

Zip Code

25801-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colony Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00188

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Patty Johnston

Mailing Address 211 Granville Ave

City

Beckley

State

WV

Zip Code

25801-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colony Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: 20101201_00174

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Alan M. Jones

Mailing Address 106 E Cherry St

City

Jesup

State

GA

Zip Code

31545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00190

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Alan M. Jones

Mailing Address 106 E Cherry St

City

Jesup

State

GA

Zip Code

31545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00175

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Chad A. Jones

Mailing Address 406 W 6th St

City

Chelsea

State

OK

Zip Code

74016-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00191

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Chad A. Jones

Mailing Address 406 W 6th St

City

Chelsea

State

OK

Zip Code

74016-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00176

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tony Jones

Mailing Address 4207 88th St

City

Lubbock

State

TX

Zip Code

79423-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caprock Discount Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00192

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tony Jones

Mailing Address 4207 88th St

City

Lubbock

State

TX

Zip Code

79423-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caprock Discount Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00177

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Phillip A. Judd

Mailing Address 11715 Rainwood Rd

City

Little Rock

State

AR

Zip Code

72212-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00193

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Phillip A. Judd

Mailing Address 11715 Rainwood Rd

City

Little Rock

State

AR

Zip Code

72212-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00178

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Steven C. Judy

Mailing Address 24 N Main St

City

Petersburg

State

WV

Zip Code

26847-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Judys Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00194

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Steven C. Judy

Mailing Address 24 N Main St

City

Petersburg

State

WV

Zip Code

26847-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Judys Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00179

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eric T. Juergens

Mailing Address 640 N Fountain Ave

City

Springfield

State

OH

Zip Code

45504-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Avenue Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00195

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Eric T. Juergens

Mailing Address 640 N Fountain Ave

City

Springfield

State

OH

Zip Code

45504-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Avenue Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00180

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John G. Kaiser, Jr.

Mailing Address 251 Benedict Ave

City

Norwalk

State

OH

Zip Code

44857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Wells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00196

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John G. Kaiser, Jr.

Mailing Address 251 Benedict Ave

City

Norwalk

State

OH

Zip Code

44857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Wells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00181

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Patricia Keller

Mailing Address 625-A Wmain Highway 51S

City

Newbern

State

TN

Zip Code

38059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newbern Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00197

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Patricia Keller

Mailing Address 625-A Wmain Highway 51S

City

Newbern

State

TN

Zip Code

38059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newbern Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00183

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

E. Harold Kemp

Mailing Address 107 S Duval St

City

Claxton

State

GA

Zip Code

30417-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kemps Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00198

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

E. Harold Kemp

Mailing Address 107 S Duval St

City

Claxton

State

GA

Zip Code

30417-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kemps Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00184

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cathi Ketterling

Mailing Address PO Box 47

City

Buhl

State

ID

Zip Code

83316-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sav-Mor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00199

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Cathi Ketterling

Mailing Address PO Box 47

City

Buhl

State

ID

Zip Code

83316-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sav-Mor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00185

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Roscoe H. Kinkead

Mailing Address 105 S Allen St

City

Centralia

State

MO

Zip Code

65240-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinkead Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00200

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Roscoe H. Kinkead

Mailing Address 105 S Allen St

City

Centralia

State

MO

Zip Code

65240-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinkead Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00186

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Mark E. Kinney

Mailing Address 1101 W 120th Ave
Ste 400City State Zip Code
Denver CO 80021FEC ID number of contributing
federal political committee.**C**Name of Employer
Independent Pharmacy Coop-
erativeOccupation
Vice President of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00201

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark E. Kinney

Mailing Address 1101 W 120th Ave
Ste 400City State Zip Code
Denver CO 80021FEC ID number of contributing
federal political committee.**C**Name of Employer
Independent Pharmacy Coop-
erativeOccupation
Vice President of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: 20101201_00187

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert Kinsey

Mailing Address 4290 Kinsey Dr

City State Zip Code
Tyler TX 75703-1024FEC ID number of contributing
federal political committee.**C**Name of Employer
Kinseys PharmacyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00202

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Robert Kinsey

Mailing Address 4290 Kinsey Dr

City

Tyler

State

TX

Zip Code

75703-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinseys Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00188

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Timothy J. Kirk

Mailing Address 8946 Lewis Ave

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crory Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00203

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Kirk

Mailing Address 8946 Lewis Ave

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crory Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00189

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sherwood Klein, Jr.

Mailing Address 6133 Route 219 S
Ste 1004

City State Zip Code
Ellicottville NY 14731-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellicottville Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00204

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Sherwood Klein, Jr.

Mailing Address 6133 Route 219 S
Ste 1004

City State Zip Code
Ellicottville NY 14731-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellicottville Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00190

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mark T. Kleinbeck

Mailing Address 2210 Barron Rd

City State Zip Code
Poplar Bluff MO 63901-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00205

Amount of Each Receipt this Period

150.00

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark T. Kleinbeck

Mailing Address 2210 Barron Rd

City

Poplar Bluff

State

MO

Zip Code

63901-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00191

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Scottie J. Knott

Mailing Address 988 Napoleon Ave

City

Sunset

State

LA

Zip Code

70584-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brinkhaus Thrifty Way Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00206

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John P. Kollhoff

Mailing Address 401 NE 9th St

City

Abilene

State

KS

Zip Code

67410-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00207

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John P. Kollhoff

Mailing Address 401 NE 9th St

City

Abilene

State

KS

Zip Code

67410-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Drugs

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00192

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sterling Koonce

Mailing Address PO Box 580

City

Tabor City

State

NC

Zip Code

28463-0580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Koonce Medicine Mart

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00208

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sterling Koonce

Mailing Address PO Box 580

City

Tabor City

State

NC

Zip Code

28463-0580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Koonce Medicine Mart

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00193

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Royce Korthauer

Mailing Address PO Box 1197

City

Brenham

State

TX

Zip Code

77834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Normans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00209

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Royce Korthauer

Mailing Address PO Box 1197

City

Brenham

State

TX

Zip Code

77834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Normans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00194

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Catherine Kowalski

Mailing Address PO Box 1209

City

Petersburg

State

AK

Zip Code

99833-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersburg Rexall

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00210

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Catherine Kowalski

Mailing Address PO Box 1209

City

Petersburg

State

AK

Zip Code

99833-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersburg Rexall

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00195

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Chuck Kray

Mailing Address 731 Cherry Dr

City

Hershey

State

PA

Zip Code

17033-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00211

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Chuck Kray

Mailing Address 731 Cherry Dr

City

Hershey

State

PA

Zip Code

17033-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00196

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 274

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Greg Kurtz

Mailing Address 406 W Putnam Ave

City

Porterville

State

CA

Zip Code

93257-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seven 02 Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00212

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Louis Ladson, Jr.

Mailing Address 501 S Lincoln Ave
Ste 10

City

Clearwater

State

FL

Zip Code

33756-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincourt Professional

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00213

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John D. Lassiter

Mailing Address 3252 Southeast 29th Street

City

Del City

State

OK

Zip Code

73115-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00214

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John D. Lassiter

Mailing Address 3252 Southeast 29th Street

City

State

Zip Code

Del City

OK

73115-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00197

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Clarence Lea

Mailing Address 2601 Scott Ave
Ste 600

City

State

Zip Code

Fort Worth

TX

76103-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCC

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00216

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Clarence Lea

Mailing Address 6708 Westbury Ct

City

State

Zip Code

Benbrook

TX

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCC

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00198

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 139 / 274

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth Lea

Mailing Address 6708 Westbury Ct

City

Benbrook

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmerisourceBergen

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00215

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Lea

Mailing Address 6708 Westbury Ct

City

Benbrook

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmerisourceBergen

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00199

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Sharlea Leatherwood

Mailing Address PO Box 28444
7275 N Oak Trafficway /

City

Kansas City

State

MO

Zip Code

64188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Oak Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00217

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 274

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sharlea Leatherwood

Mailing Address PO Box 28444

7275 N Oak Trafficway /

City

Kansas City

State

MO

Zip Code

64188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Oak Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00200

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Joseph P. Lech

Mailing Address 13 Rockledge Ln

City

Tunkhannock

State

PA

Zip Code

18657-6855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4366.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00218

Amount of Each Receipt this Period

416.66

C.

Full Name (Last, First, Middle Initial)

Joseph P. Lech

Mailing Address 13 Rockledge Ln

City

Tunkhannock

State

PA

Zip Code

18657-6855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4366.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00201

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

766.66

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 141 / 274

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jung M. Lee

Mailing Address 251 Medical Center Blvd
Ste 100

City State Zip Code
Webster TX 77598-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clear Lake Professional
Bldg Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00219

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jung M. Lee

Mailing Address 251 Medical Center Blvd
Ste 100

City State Zip Code
Webster TX 77598-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clear Lake Professional
Bldg Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00202

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James M. Leftwich

Mailing Address 2909 Loma Vista Rd

City State Zip Code
Ventura CA 93003-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roger's Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00220

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 274

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James M. Leftwich

Mailing Address 2909 Loma Vista Rd

City

Ventura

State

CA

Zip Code

93003-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roger's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00203

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

James T. Lehan

Mailing Address 1407 S 4th St

City

Dekalb

State

IL

Zip Code

60115-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehan Drugs

Occupation

Business Director, CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00221

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James T. Lehan

Mailing Address 1407 S 4th St

City

Dekalb

State

IL

Zip Code

60115-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehan Drugs

Occupation

Business Director, CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00396

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Lehan

Mailing Address 1407 S 4th St

City

Dekalb

State

IL

Zip Code

60115-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehan Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00222

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Timothy J. Lehan

Mailing Address 1407 S 4th St

City

Dekalb

State

IL

Zip Code

60115-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehan Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00205

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Neil Leikach

Mailing Address 6350 Frederick Rd

City

Baltimore

State

MD

Zip Code

21228-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catonsville Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00223

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

William R. Letendre

Mailing Address 9901 S Wilcrest Dr

City

Houston

State

TX

Zip Code

77099-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
PCCA

Occupation

VP Phcy Mgmnt Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00224

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William R. Letendre

Mailing Address 9901 S Wilcrest Dr

City

Houston

State

TX

Zip Code

77099-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
PCCA

Occupation

VP Phcy Mgmnt Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00206

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Thomas J. Liautaud

Mailing Address 2201 W Temple St

City

Los Angeles

State

CA

Zip Code

90026-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Medical Pharma-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00225

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas J. Liautaud

Mailing Address 2201 W Temple St

City

Los Angeles

State

CA

Zip Code

90026-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Medical Pharma-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00207

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ron Lind

Mailing Address PO Box 99

City

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00226

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ron Lind

Mailing Address PO Box 99

City

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00208

Amount of Each Receipt this Period

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ken Lloyd

Mailing Address PO Box 441

City

Berry

State

AL

Zip Code

35546-0441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00227

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ken Lloyd

Mailing Address PO Box 441

City

Berry

State

AL

Zip Code

35546-0441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00209

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Richard N. Logan, Jr.

Mailing Address 406 S Main St

City

Charleston

State

MO

Zip Code

63834-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
L And S Discount Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00228

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard N. Logan, Jr.

Mailing Address 406 S Main St

City

Charleston

State

MO

Zip Code

63834-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
L And S Discount Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00210

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Long

Mailing Address 433 W Hill St

City

Thomson

State

GA

Zip Code

30824-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longs Drug Stores of SC
Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00229

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Long

Mailing Address 433 W Hill St

City

Thomson

State

GA

Zip Code

30824-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longs Drug Stores of SC
Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00211

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ennie V. Lopez

Mailing Address PO Box 356

City

Caguas

State

PR

Zip Code

00726-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmacia Betances

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00230

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ennie V. Lopez

Mailing Address PO Box 356

City

Caguas

State

PR

Zip Code

00726-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmacia Betances

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00212

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Lott

Mailing Address 1402 Newcastle St
576

City

Brunswick

State

GA

Zip Code

31520-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00231

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca Lott

Mailing Address 1402 Newcastle St
576

City State Zip Code
Brunswick GA 31520-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Drug Store

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00213

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Bradley A. Lueneburg

Mailing Address 237 Hassan St SE

City State Zip Code
Hutchinson MN 55350-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Rexall Drug

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00214

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David B. Lutz

Mailing Address 17 W Main St

City State Zip Code
Hummelstown PA 17036-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhoads Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20101105_00233

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Claire B. Mackiewicz

Mailing Address 19 N Main St

City

Holland

State

NY

Zip Code

14080-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00234

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Claire B. Mackiewicz

Mailing Address 19 N Main St

City

Holland

State

NY

Zip Code

14080-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00215

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Eddie M. Madden

Mailing Address 101 College Ave

City

Elberton

State

GA

Zip Code

30635-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maddens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00235

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eddie M. Madden

Mailing Address 101 College Ave

City

Elberton

State

GA

Zip Code

30635-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maddens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00216

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jerid Maddox

Mailing Address 501 Teaco Rd

City

Kennett

State

MO

Zip Code

63857-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teko Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00236

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jerid Maddox

Mailing Address 501 Teaco Rd

City

Kennett

State

MO

Zip Code

63857-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teko Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00217

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Robert L. Maher, Jr.

Mailing Address 321 Learning Bayer Center 600 Forb

City State Zip Code
Pittsburgh PA 15282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duquesne University School
of Pharmacy

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00238

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Robert L. Maher, Sr.

Mailing Address PO Box 45

City State Zip Code
Patton PA 16668-0045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Pharmacy And V And
S Variety

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00237

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert L. Maher, Sr.

Mailing Address PO Box 45

City State Zip Code
Patton PA 16668-0045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Pharmacy And V And
S Variety

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00218

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Robert L. Maher, Jr.

Mailing Address 321 Learning Bayer Center 600 Forb

City State Zip Code
Pittsburgh PA 15282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duquesne University School
of Pharmacy

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00219

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Nasir Mahmood

Mailing Address PO Box 339

City State Zip Code
Pine Plains NY 12567-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Plains Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00239

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Nasir Mahmood

Mailing Address PO Box 339

City State Zip Code
Pine Plains NY 12567-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Plains Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00220

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 154 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Vijay T. Maktal

Mailing Address 325 Raritan Ave

City

Highland Park

State

NJ

Zip Code

08904-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00240

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Vijay T. Maktal

Mailing Address 325 Raritan Ave

City

Highland Park

State

NJ

Zip Code

08904-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00221

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Matt Mallinson

Mailing Address 11200 1/2 E US Highway 24

City

Sugar Creek

State

MO

Zip Code

64054-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matts Medicine Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00241

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Matt Mallinson

Mailing Address 11200 1/2 E US Highway 24

City

Sugar Creek

State

MO

Zip Code

64054-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matts Medicine Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00222

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

W. P. Malone

Mailing Address 518 Clay St

City

Arkadelphia

State

AR

Zip Code

71923-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allcare Family Discount

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 20101201_00224

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

W. P. Malone

Mailing Address 518 Clay St

City

Arkadelphia

State

AR

Zip Code

71923-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allcare Family Discount

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 20101201_00223

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sunil Mandalapu

Mailing Address 735 Amsterdam Ave

City

New York

State

NY

Zip Code

10025-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Amsterdam Drug Mart
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00225

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dave Manning

Mailing Address 101 F St SW

City

Quincy

State

WA

Zip Code

98848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00226

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Michael A Manuszewski

Mailing Address 1728 Grand Island Blvd

City

Grand Island

State

NY

Zip Code

14072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00243

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael A Manuszewski

Mailing Address 1728 Grand Island Blvd

City

Grand Island

State

NY

Zip Code

14072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00227

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dave Marley

Mailing Address 5008 Peters Creek Pkwy

City

Winston Salem

State

NC

Zip Code

27127-7276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marley Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00244

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dave Marley

Mailing Address 5008 Peters Creek Pkwy

City

Winston Salem

State

NC

Zip Code

27127-7276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marley Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00228

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Phillip L. Marsiglia

Mailing Address 631 Cherry Hill Rd

City

Baltimore

State

MD

Zip Code

21225-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Baltimore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00246

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Phillip L. Marsiglia

Mailing Address 631 Cherry Hill Rd

City

Baltimore

State

MD

Zip Code

21225-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Baltimore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00229

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James L. Martin, Sr.

Mailing Address 410 Golf Crest Ln

City

Lakeway

State

TX

Zip Code

78734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dripping Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00247

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 159 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James L. Martin, Sr.

Mailing Address 410 Golf Crest Ln

City

Lakeway

State

TX

Zip Code

78734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dripping Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00230

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paul A. Martin

Mailing Address 5201 Capitol Blvd SW

City

Tumwater

State

WA

Zip Code

98501-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martins Southgate Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00248

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paul A. Martin

Mailing Address 5201 Capitol Blvd SW

City

Tumwater

State

WA

Zip Code

98501-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martins Southgate Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00231

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 160 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ronald G. Matthews

Mailing Address 101 Canal St

City

Ellenville

State

NY

Zip Code

12428-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00249

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ronald G. Matthews

Mailing Address 101 Canal St

City

Ellenville

State

NY

Zip Code

12428-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00232

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William V. Mattson

Mailing Address 410 S Meier Rd

City

Mount Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ballin Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00250

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

William V. Mattson

Mailing Address 410 S Meier Rd

City

Mount Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ballin Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00233

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

George M. McAlanis

Mailing Address 242 Market St

City

Millersburg

State

PA

Zip Code

17061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millersburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00251

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

George M. McAlanis

Mailing Address 242 Market St

City

Millersburg

State

PA

Zip Code

17061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millersburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00234

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kevin McClimon

Mailing Address 115 State St

City

Bellevue

State

IA

Zip Code

52031-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellevue Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00252

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Kevin McClimon

Mailing Address 115 State St

City

Bellevue

State

IA

Zip Code

52031-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellevue Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00235

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Leigh McConchie

Mailing Address 1 Main Street

City

Lake Luzerne

State

NY

Zip Code

12846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00253

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Leigh McConchie

Mailing Address 1 Main Street

City

Lake Luzerne

State

NY

Zip Code

12846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00236

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Beth McCullough

Mailing Address 121 E Van Buren
Ste C

City

Eureka Springs

State

AR

Zip Code

72632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00254

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Beth McCullough

Mailing Address 121 E Van Buren
Ste C

City

Eureka Springs

State

AR

Zip Code

72632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00237

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 164 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Steven McDaniel

Mailing Address 5901 Bell St
Ste C-32

City State Zip Code
Amarillo TX 79109-6263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southpark Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00255

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Steven McDaniel

Mailing Address 5901 Bell St
Ste C-32

City State Zip Code
Amarillo TX 79109-6263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southpark Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00238

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Randolph E McEwen

Mailing Address 3450 E Fletcher Ave
Ste 120

City State Zip Code
Tampa FL 33613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Next Dose Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 20101105_00256

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 165 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Larry T. McIntosh

Mailing Address 10227 Hartshill Ln

City

Saint Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmax Pharmacy #1302

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00257

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Larry T. McIntosh

Mailing Address 10227 Hartshill Ln

City

Saint Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmax Pharmacy #1302

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00397

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard Lee McLaren

Mailing Address 451 N Main St

City

Freeport

State

NY

Zip Code

11520-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00258

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 166 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard Lee McLaren

Mailing Address 451 N Main St

City

Freeport

State

NY

Zip Code

11520-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00239

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Steve A. McLean

Mailing Address 801 S Main St

City

Laurinburg

State

NC

Zip Code

28352-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00259

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Steve A. McLean

Mailing Address 801 S Main St

City

Laurinburg

State

NC

Zip Code

28352-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00240

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 167 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Warren G. Meador

Mailing Address PO Box 1749

City

Elk City

State

OK

Zip Code

73648-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meador Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00260

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Warren G. Meador

Mailing Address PO Box 1749

City

Elk City

State

OK

Zip Code

73648-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meador Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00242

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Cheryl Meek

Mailing Address 5879 Sr 92 Suite 3 Lenox Plaza

City

Kingsley

State

PA

Zip Code

18826-9751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenox Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00261

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 168 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Cheryl Meek

Mailing Address 5879 Sr 92 Suite 3 Lenox Plaza

City

Kingsley

State

PA

Zip Code

18826-9751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenox Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00243

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lonnie L. Meredith

Mailing Address 100 Savee

City

Haskell

State

TX

Zip Code

79521-0528

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00262

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Jerry Meyers

Mailing Address 20914 Roscoe Blvd

City

Canoga Park

State

CA

Zip Code

91304-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeSoto Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00263

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jerry Meyers

Mailing Address 20914 Roscoe Blvd

City

Canoga Park

State

CA

Zip Code

91304-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeSoto Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00244

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kerry S. Milano

Mailing Address 3544 W Esplanade Avenue

City

Metairie

State

LA

Zip Code

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Giuffria Inc /Chateau Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00264

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Kerry S. Milano

Mailing Address 3544 W Esplanade Avenue

City

Metairie

State

LA

Zip Code

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Giuffria Inc /Chateau Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00245

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Amy Miller

Mailing Address PO Box 436

City

Lula

State

GA

Zip Code

30554-0436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lula Pharmacy And Foothil-
Is Gift Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00265

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Amy Miller

Mailing Address PO Box 436

City

Lula

State

GA

Zip Code

30554-0436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lula Pharmacy And Foothil-
Is Gift Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00246

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Bethany L. Miller

Mailing Address 10 W Brdway

City

Red Lion

State

PA

Zip Code

17356-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lion Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00266

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 171 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bethany L. Miller

Mailing Address 10 W Brdway

City

Red Lion

State

PA

Zip Code

17356-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lion Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00247

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4021 Cascade Rd SE
Ste 50

City

Grand Rapids

State

MI

Zip Code

49546-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners in Pharmacy Coop-
erative

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00268

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

David M. Miller

Mailing Address 678 Wyckoff Ave

City

Wyckoff

State

NJ

Zip Code

07481-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller's of Wyckoff, Inc.

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00267

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 172 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David M. Miller

Mailing Address 678 Wyckoff Ave

City

Wyckoff

State

NJ

Zip Code

07481-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller's of Wyckoff, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00248

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4021 Cascade Rd SE
Ste 50

City

Grand Rapids

State

MI

Zip Code

49546-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners in Pharmacy Coop-
erative

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00249

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Laird Miller

Mailing Address 4515 Arlington Ct

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00269

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)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 173 / 274
(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

A.

Full Name (Last, First, Middle Initial)

Laird Miller

Mailing Address 4515 Arlington Ct

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00250

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael W. Minesinger

Mailing Address 311 N Western Ave

City

Peoria

State

IL

Zip Code

61604

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy of Illi-
nois

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00270

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael W. Minesinger

Mailing Address 311 N Western Ave

City

Peoria

State

IL

Zip Code

61604

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy of Illi-
nois

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00252

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 174 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Martin B. Mintz

Mailing Address 6701 Harford Rd

City

Baltimore

State

MD

Zip Code

21234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Pchy And Med Equ-
ipment

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00271

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Martin B. Mintz

Mailing Address 6701 Harford Rd

City

Baltimore

State

MD

Zip Code

21234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Pchy And Med Equ-
ipment

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00253

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dwayne R. Mitchell

Mailing Address 116 Jimmie Davis Blvd

City

Jonesboro

State

LA

Zip Code

71251-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitchell's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00254

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Bill D. Moore

Mailing Address 1306 12th Ave NW

City

Ardmore

State

OK

Zip Code

73401-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Roberts Express Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00276

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Bill D. Moore

Mailing Address 1306 12th Ave NW

City

Ardmore

State

OK

Zip Code

73401-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Roberts Express Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: 20101201_00255

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Clay W. Moore

Mailing Address 11101 Hefner Pointe Dr
Ste 101

City

Oklahoma City

State

OK

Zip Code

73120-5054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medic Pharmacy Hefner Poi-
nte

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 20101105_00273

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Clay W. Moore

Mailing Address 11101 Hefner Pointe Dr
Ste 101

City State Zip Code
Oklahoma City OK 73120-5054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medic Pharmacy Hefner Poi-
nte

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00257

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Steven F. Moore

Mailing Address 28 Montcalm Ave

City State Zip Code
Plattsburgh NY 12901-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condo Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00274

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Steven F. Moore

Mailing Address 28 Montcalm Ave

City State Zip Code
Plattsburgh NY 12901-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condo Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00258

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 274

(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

A.

Full Name (Last, First, Middle Initial)

William O. Moore

Mailing Address 101 W Sinton St
Ste B

City	State	Zip Code
Sinton	TX	78387-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moore's PharmacyOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00275

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

William O. Moore

Mailing Address 101 W Sinton St
Ste B

City	State	Zip Code
Sinton	TX	78387-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moore's PharmacyOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00259

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Garry Moreland

Mailing Address 124 N Congress St

City	State	Zip Code
Rushville	IL	62681-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moreland And Devitt IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00277

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Garry Moreland

Mailing Address 124 N Congress St

City

Rushville

State

IL

Zip Code

62681-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moreland And Devitt IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00260

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

David K. Morio

Mailing Address 5303 Pacific Hwy E

City

Fife

State

WA

Zip Code

98424-2679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fife Pharmacy And GiftsOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00278

Amount of Each Receipt this Period

36.50

C.

Full Name (Last, First, Middle Initial)

Joseph A. Mosso, Sr.

Mailing Address 304 Saint Johns Dr

City

Latrobe

State

PA

Zip Code

15650-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosso's PharmacyOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00279

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

186.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 179 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joseph A. Mosso, Sr.

Mailing Address 304 Saint Johns Dr

City

Latrobe

State

PA

Zip Code

15650-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosso's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00261

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Deann Mullins

Mailing Address 830 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mullins Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00280

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Deann Mullins

Mailing Address 830 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mullins Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00262

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 180 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael C. Murphy

Mailing Address 195 E Peace St

City

Canton

State

MS

Zip Code

39046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00281

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Michael C. Murphy

Mailing Address 195 E Peace St

City

Canton

State

MS

Zip Code

39046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00398

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Fanny Musto

Mailing Address 1409 Wickapecko Dr

City

Ocean

State

NJ

Zip Code

07712-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wickapecko Pharmacy & Medical Supplies

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00282

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 181 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Fanny Musto

Mailing Address 1409 Wickapecko Dr

City

Ocean

State

NJ

Zip Code

07712-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wickapecko Pharmacy & Med-
ical Supplies

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00263

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dave Nation

Mailing Address 3030 Burlew Blvd
B

City

Owensboro

State

KY

Zip Code

42303-6486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nations Medicines

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00283

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dave Nation

Mailing Address 3030 Burlew Blvd
B

City

Owensboro

State

KY

Zip Code

42303-6486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nations Medicines

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00264

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 182 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

P. Kevin Nestrick

Mailing Address 1151 W Iron Springs Rd
Ste D

City State Zip Code
Prescott AZ 86305-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altius Health

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00284

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

P. Kevin Nestrick

Mailing Address 1151 W Iron Springs Rd
Ste D

City State Zip Code
Prescott AZ 86305-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altius Health

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00265

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Gregory Notaro

Mailing Address 1769 Orchard Park Rd

City State Zip Code
West Seneca NY 14224-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Medical Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00285

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gregory Notaro

Mailing Address 1769 Orchard Park Rd

City

West Seneca

State

NY

Zip Code

14224-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00266

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gerard O'Hare

Mailing Address 66 W Pike St

City

Canonsburg

State

PA

Zip Code

15317-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeffrey's Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00288

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Gerard O'Hare

Mailing Address 66 W Pike St

City

Canonsburg

State

PA

Zip Code

15317-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeffrey's Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00267

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 184 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Patrick A. O'Shea

Mailing Address 509 N Main St

City

Bridgewater

State

VA

Zip Code

22812-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgewater Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00290

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Patrick A. O'Shea

Mailing Address 509 N Main St

City

Bridgewater

State

VA

Zip Code

22812-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgewater Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00269

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Frank A. Odeh

Mailing Address 3026 Javier Rd

City

Fairfax

State

VA

Zip Code

22031-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prosperity Speciality Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00286

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 185 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Frank A. Odeh

Mailing Address 3026 Javier Rd

City

Fairfax

State

VA

Zip Code

22031-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prosperity Speciality Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00270

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tony Ogden

Mailing Address 6415 Sands Dr

City

Pasadena

State

TX

Zip Code

77505-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Groveway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20101105_00287

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tony Ogden

Mailing Address 6415 Sands Dr

City

Pasadena

State

TX

Zip Code

77505-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Groveway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00271

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David J. Olig

Mailing Address 2400 32nd Ave S

City

Fargo

State

ND

Zip Code

58103-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Pointe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00289

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David J. Olig

Mailing Address 2400 32nd Ave S

City

Fargo

State

ND

Zip Code

58103-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Pointe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00272

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Bill Osborn

Mailing Address 1505 E Bj Tunnell Blvd

City

Miami

State

OK

Zip Code

74354-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Osborn Drugs, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00273

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 187 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard S. Ost

Mailing Address 101 Elehigh Avenue

City

Philadelphia

State

PA

Zip Code

19125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00291

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard S. Ost

Mailing Address 101 Elehigh Avenue

City

Philadelphia

State

PA

Zip Code

19125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00274

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

George Papageorge

Mailing Address PO Box 1171

City

Nipomo

State

CA

Zip Code

93444-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nipomo Rexall Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00292

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 274

(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

A.

Full Name (Last, First, Middle Initial)

George Papageorge

Mailing Address PO Box 1171

City

Nipomo

State

CA

Zip Code

93444-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nipomo Rexall Drugs

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00275

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

James Parmer

Mailing Address 1720 Hillcrest Dr

City

Vernon

State

TX

Zip Code

76384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family 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
1	0	/	2	5	/	2	0	1	0

Transaction ID: 20101105_00293

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David M. Parry

Mailing Address PO Box 488
417 Barclay Avenue

City

Pine River

State

MN

Zip Code

56474-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakes Area Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00294

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David M. Parry

Mailing Address PO Box 488

417 Barclay Avenue

City

Pine River

State

MN

Zip Code

56474-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakes Area Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00276

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kari Pastorek

Mailing Address 501 Hill Ave

City

Grafton

State

ND

Zip Code

58237-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grafton Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 7B6A8F9D22EA43571D3

Amount of Each Receipt this Period

100.00

reversal of Discover charge-back

C.

Full Name (Last, First, Middle Initial)

Kari Pastorek

Mailing Address 501 Hill Ave

City

Grafton

State

ND

Zip Code

58237-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grafton Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00295

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 190 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kari Pastorek

Mailing Address 501 Hill Ave

City

Grafton

State

ND

Zip Code

58237-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grafton Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00277

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jan H. Pattillo

Mailing Address PO Box 112

City

Hamilton

State

TX

Zip Code

76531-0112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00296

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jan H. Pattillo

Mailing Address PO Box 112

City

Hamilton

State

TX

Zip Code

76531-0112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00278

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Howard Allan Pavia

Mailing Address 400 N Kaufman St

City

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Legend Drug Co Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00297

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Howard Allan Pavia

Mailing Address 400 N Kaufman St

City

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Legend Drug Co Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00279

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

La Rue N. Pavia

Mailing Address 403 N Kaufman St

City

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
B2TF LTC Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00298

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 192 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

La Rue N. Pavia

Mailing Address 403 N Kaufman St

City

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
B2TF LTC Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00280

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William A. Pearson

Mailing Address 1700 N Waterman Ave

City

San Bernardino

State

CA

Zip Code

92404-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pearson Medical Group Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00299

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William A. Pearson

Mailing Address 1700 N Waterman Ave

City

San Bernardino

State

CA

Zip Code

92404-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pearson Medical Group Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00281

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 193 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Stephen D. Perine

Mailing Address PO Box 707

City

Rossville

State

KS

Zip Code

66533-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doug's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00300

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen D. Perine

Mailing Address PO Box 707

City

Rossville

State

KS

Zip Code

66533-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doug's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00282

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Chau Phan

Mailing Address 1801 Country Place Pkwy
Ste 115

City

Pearland

State

TX

Zip Code

77584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Place Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00301

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 194 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Doug Phillips

Mailing Address 12 N 3rd St

City

Altamont

State

IL

Zip Code

62411-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altamont Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00303

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Sid Pierson

Mailing Address 825 SE Bishop Blvd
Ste 301

City

Pullman

State

WA

Zip Code

99163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sids Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00304

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sid Pierson

Mailing Address 825 SE Bishop Blvd
Ste 301

City

Pullman

State

WA

Zip Code

99163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sids Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00283

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 195 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Martin E. Pietruszewski

Mailing Address 2890 Elmwood Ave

City

Buffalo

State

NY

Zip Code

14217-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenmore Rx Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00305

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Martin E. Pietruszewski

Mailing Address 2890 Elmwood Ave

City

Buffalo

State

NY

Zip Code

14217-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenmore Rx Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00284

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry D. Plunk, Jr.

Mailing Address 8455 9th Ave

City

Port Arthur

State

TX

Zip Code

77642

FEC ID number of contributing
federal political committee.

C

Name of Employer
King's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00306

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 196 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Larry D. Plunk, Jr.

Mailing Address 8455 9th Ave

City

Port Arthur

State

TX

Zip Code

77642

FEC ID number of contributing
federal political committee.

C

Name of Employer
King's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00285

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Peter A. Pogany

Mailing Address 611 Park Ave

City

Plainfield

State

NJ

Zip Code

07060-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapps Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00307

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Peter A. Pogany

Mailing Address 611 Park Ave

City

Plainfield

State

NJ

Zip Code

07060-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapps Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00286

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 197 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ronald S. Poole

Mailing Address 102 W Broad St

City

Central City

State

KY

Zip Code

42330-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pooles Pharmacy Care

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00308

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ronald S. Poole

Mailing Address 102 W Broad St

City

Central City

State

KY

Zip Code

42330-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pooles Pharmacy Care

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00287

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jerry Popek

Mailing Address 1302 E Sunshine St

City

Springfield

State

MO

Zip Code

65804-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00309

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 198 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jerry Popek

Mailing Address 1302 E Sunshine St

City

Springfield

State

MO

Zip Code

65804-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00288

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard J. Porter

Mailing Address PO Box 307

City

Hampton

State

IL

Zip Code

61256-0307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porters Village Rx

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00310

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard J. Porter

Mailing Address PO Box 307

City

Hampton

State

IL

Zip Code

61256-0307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porters Village Rx

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00289

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Kelly G. Pratt

Mailing Address 1506 S Sunset Ave
Ste A

City	State	Zip Code
Littlefield	TX	79339-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelly G PrattOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00311

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Kelly G. Pratt

Mailing Address 1506 S Sunset Ave
Ste A

City	State	Zip Code
Littlefield	TX	79339-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelly G PrattOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00290

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dared Price

Mailing Address 1213 Quail Ridge Rd

City	State	Zip Code
Enid	OK	73703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheffe Prescription ShopsOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00312

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 200 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dared Price

Mailing Address 1213 Quail Ridge Rd

City

State

Zip Code

Enid

OK

73703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheffe Prescription Shops

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00291

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kerry A. Prickett

Mailing Address 740 Donna Dr

City

State

Zip Code

Vestavia

AL

35226-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation
Vice President, Supervising Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00313

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kerry A. Prickett

Mailing Address 740 Donna Dr

City

State

Zip Code

Vestavia

AL

35226-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation
Vice President, Supervising Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00292

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 201 / 274
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

Dennis R. Princing

Mailing Address 333 S Michigan Ave

City

Saginaw

State

MI

Zip Code

48602-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princing's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00314

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dennis R. Princing

Mailing Address 333 S Michigan Ave

City

Saginaw

State

MI

Zip Code

48602-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princing's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00293

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Rissa H. Pryse

Mailing Address 310 E Central Ave

City

La Follette

State

TN

Zip Code

37766-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terrys Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00315

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 202 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rissa H. Pryse

Mailing Address 310 E Central Ave

City

La Follette

State

TN

Zip Code

37766-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terrys Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00294

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Darren M. Pynn

Mailing Address 105 W Miller St

City

Newark

State

NY

Zip Code

14513-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newark Village Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00317

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Darren M. Pynn

Mailing Address 105 W Miller St

City

Newark

State

NY

Zip Code

14513-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newark Village Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00295

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 203 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas M. Quinlan

Mailing Address 107 N Main St

City

Wayland

State

NY

Zip Code

14572-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quinlan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00318

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Thomas M. Quinlan

Mailing Address 107 N Main St

City

Wayland

State

NY

Zip Code

14572-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quinlan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00296

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Stuart Rabinowitz

Mailing Address 194 Beach 116th St

City

Rockaway Park

State

NY

Zip Code

11694-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kings Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00319

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Stuart Rabinowitz

Mailing Address 194 Beach 116th St

City

Rockaway Park

State

NY

Zip Code

11694-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kings Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00297

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael Raduazzo

Mailing Address 5Nern Boulevard

City

Greenvale

State

NY

Zip Code

11548-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenvale Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00320

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Michael Raduazzo

Mailing Address 5Nern Boulevard

City

Greenvale

State

NY

Zip Code

11548-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenvale Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00298

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 274

(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

A.

Full Name (Last, First, Middle Initial)

James R. Rankin

Mailing Address 1106 Brdway

City

Highland

State

IL

Zip Code

62249-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care PharmacyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 20101105_00321

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Richard Rasmuson

Mailing Address 1320 E 200 S

City

Salt Lake City

State

UT

Zip Code

84102-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
University PharmacyOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00322

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard Rasmuson

Mailing Address 1320 E 200 S

City

Salt Lake City

State

UT

Zip Code

84102-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
University PharmacyOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00299

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 206 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mel Rauton, Jr.

Mailing Address 783 High Battery Cir

City

Mount Pleasant

State

SC

Zip Code

29464-7820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prescription Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00323

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Scott A. Rayl

Mailing Address 114 S Huron Ave

City

Harbor Beach

State

MI

Zip Code

48441-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00324

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Scott A. Rayl

Mailing Address 114 S Huron Ave

City

Harbor Beach

State

MI

Zip Code

48441-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00300

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Harry S. Reece

Mailing Address 129 W Main St

City

Mountain City

State

TN

Zip Code

37683-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00325

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Harry S. Reece

Mailing Address 129 W Main St

City

Mountain City

State

TN

Zip Code

37683-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00301

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Harold K. Reich

Mailing Address 39 W 10th St

City

Tracy

State

CA

Zip Code

95376-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harold K Reichs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00326

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Harold K. Reich

Mailing Address 39 W 10th St

City

Tracy

State

CA

Zip Code

95376-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harold K Reichs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00302

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Levi Rice

Mailing Address 1209 N Main St

City

Beaver Dam

State

KY

Zip Code

42320-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00328

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Levi Rice

Mailing Address 1209 N Main St

City

Beaver Dam

State

KY

Zip Code

42320-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00303

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Fleet W. Richards, Jr.

Mailing Address 932 N Main St

City

Chase City

State

VA

Zip Code

23924-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
F W Richards Jr Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00329

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Fleet W. Richards, Jr.

Mailing Address 932 N Main St

City

Chase City

State

VA

Zip Code

23924-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
F W Richards Jr Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00304

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gordon Richards, Jr.

Mailing Address 324 E Main St

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richards Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00330

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 210 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gordon Richards, Jr.

Mailing Address 324 E Main St

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richards Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00305

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael D. Richards

Mailing Address 201 E Park Ave

City

Anaconda

State

MT

Zip Code

59711-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thrifty Drug Store Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00331

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael D. Richards

Mailing Address 201 E Park Ave

City

Anaconda

State

MT

Zip Code

59711-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thrifty Drug Store Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00306

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kent A. Richardson

Mailing Address 3510 N Ridge Rd
920-900

City State Zip Code
Wichita KS 67205-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom RX, Inc

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00332

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kent A. Richardson

Mailing Address 3510 N Ridge Rd
920-900

City State Zip Code
Wichita KS 67205-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom RX, Inc

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00307

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John W. Richey

Mailing Address PO Box 398

City State Zip Code
Smiths Station AL 36877-0398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plaza Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00333

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John W. Richey

Mailing Address PO Box 398

City

Smiths Station

State

AL

Zip Code

36877-0398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plaza Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00308

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John J. Riehl

Mailing Address 5814 Rising Sun Ave

City

Philadelphia

State

PA

Zip Code

19120-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rings Drugs Ltd

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00334

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John J. Riehl

Mailing Address 5814 Rising Sun Ave

City

Philadelphia

State

PA

Zip Code

19120-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rings Drugs Ltd

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00309

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address 417 S Victory St

City

Little Rock

State

AR

Zip Code

72201-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
AR Pharmacist Assoc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00335

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address 417 S Victory St

City

Little Rock

State

AR

Zip Code

72201-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
AR Pharmacist Assoc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00310

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gerald W. Roberts

Mailing Address 1 Westbury Dr
Ste B270

City

Saint Charles

State

MO

Zip Code

63301-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Drug Company

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00336

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gerald W. Roberts

Mailing Address 1 Westbury Dr
Ste B270

City State Zip Code
Saint Charles MO 63301-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Drug Company

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00311

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Hugh Rogers

Mailing Address PO Box 338

City State Zip Code
Mc Caysville GA 30555-0338

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCaysville Drug Center
Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 20101105_00337

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joe Rudolph

Mailing Address 2401 Pennsylvania Ave

City State Zip Code
Philadelphia PA 19130-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphian Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00338

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joe Rudolph

Mailing Address 4640 Grant Ave

City

Philadelphia

State

PA

Zip Code

19114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphian Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00312

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ronald Louis Rumsey

Mailing Address 9209 Elam Rd
Ste 105

City

Dallas

State

TX

Zip Code

75217-7359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elam Road Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00339

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ronald Louis Rumsey

Mailing Address 9209 Elam Rd
Ste 105

City

Dallas

State

TX

Zip Code

75217-7359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elam Road Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00313

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ivan Saiff

Mailing Address 7401 Lahana Cir

City

Boynton Beach

State

FL

Zip Code

33437-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00340

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ivan Saiff

Mailing Address 7401 Lahana Cir

City

Boynton Beach

State

FL

Zip Code

33437-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00314

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Kenny Sanders

Mailing Address 5601 Shirley Park Dr

City

Bessemer

State

AL

Zip Code

35022-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy Coopera-
tive, Inc.

Occupation

VP Professional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00341

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kenny Sanders

Mailing Address 5601 Shirley Park Dr

City

Bessemer

State

AL

Zip Code

35022-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy Coopera-
tive, Inc.

Occupation

VP Professional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00315

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Edward A. Sayre

Mailing Address 128 High St

City

Mineral Point

State

WI

Zip Code

53565-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ivey's Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00342

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Edward A. Sayre

Mailing Address 128 High St

City

Mineral Point

State

WI

Zip Code

53565-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ivey's Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00316

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 274
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City

Cincinnati

State

OH

Zip Code

45223-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schaeper's Northside Pharm-
acy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00343

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City

Cincinnati

State

OH

Zip Code

45223-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schaeper's Northside Pharm-
acy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00317

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William P. Scheer

Mailing Address 1343 E Gun Hill Rd

City

Bronx

State

NY

Zip Code

10469-3084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheer Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00344

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 219 / 274
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

William P. Scheer

Mailing Address 1343 E Gun Hill Rd

City

Bronx

State

NY

Zip Code

10469-3084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheer Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00318

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Joshua Schipper

Mailing Address 4815 Vernon Blvd

City

Long Island City

State

NY

Zip Code

11101-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vernon Blvd. Pharmacy, In-
c.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00345

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Joshua Schipper

Mailing Address 4815 Vernon Blvd

City

Long Island City

State

NY

Zip Code

11101-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vernon Blvd. Pharmacy, In-
c.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00319

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard Schirripa

Mailing Address 1400 Madison Ave

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Avenue Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20101105_00346

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Seymour

Mailing Address 130 W Main St

City

Orange

State

VA

Zip Code

22960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00348

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John Seymour

Mailing Address 130 W Main St

City

Orange

State

VA

Zip Code

22960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00321

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gerald Shapiro

Mailing Address 444 S Flower St
Ste 100

City State Zip Code
Los Angeles CA 90071-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uptown Drug Company

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 20101105_00349

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John T. Sherrer

Mailing Address 833 Campbell Hill Street Southeast

City State Zip Code
Marietta GA 30060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenmar Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 20101201_00322

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Frances Hall Sherrill

Mailing Address PO Box 248

City State Zip Code
Wickliffe KY 42087-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wickliffe Phcy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00350

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Frances Hall Sherrill

Mailing Address PO Box 248

City

Wickliffe

State

KY

Zip Code

42087-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wickliffe Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00323

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Tim Short

Mailing Address 2515 Business Dr

City

Cumming

State

GA

Zip Code

30028-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sawnee Drug Co

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00351

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tim Short

Mailing Address 2515 Business Dr

City

Cumming

State

GA

Zip Code

30028-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sawnee Drug Co

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00324

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jonathon A. Shuler

Mailing Address PO Box 5

City

Waynesboro

State

TN

Zip Code

38485-0736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duren Healthmart 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
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00352

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D. Sigler

Mailing Address 4525 W6th Street

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sigler Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00353

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey D. Sigler

Mailing Address 4525 W6th Street

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sigler Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00325

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00354

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00326

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Troy A. Simons

Mailing Address PO Box 89

City

Perry

State

OK

Zip Code

73077-0089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foster Corner Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00355

Amount of Each Receipt this Period

200.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Troy A. Simons

Mailing Address PO Box 89

City

State

Zip Code

Perry

OK

73077-0089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foster Corner Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00327

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Robert M. Slagle

Mailing Address PO Box 497
/ N 6 Clark Street

City

State

Zip Code

Republic

WA

99166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Republic Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00356

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert M. Slagle

Mailing Address PO Box 497
/ N 6 Clark Street

City

State

Zip Code

Republic

WA

99166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Republic Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00328

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City

Croydon

State

PA

Zip Code

19021-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mats Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00357

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City

Croydon

State

PA

Zip Code

19021-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mats Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00329

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David M. Smith

Mailing Address 155 Main St

City

Brookville

State

PA

Zip Code

15825-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Means Lauf Super Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00358

Amount of Each Receipt this Period

150.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David M. Smith

Mailing Address 155 Main St

City

Brookville

State

PA

Zip Code

15825-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Means Lauf Super Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00330

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Donald R. Smith

Mailing Address 802 E Medical Ct

City

Post Falls

State

ID

Zip Code

83854-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Man West Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00359

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Donald R. Smith

Mailing Address 802 E Medical Ct

City

Post Falls

State

ID

Zip Code

83854-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Man West Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00331

Amount of Each Receipt this Period

150.00

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)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Randall D. Smith

Mailing Address 460 N Franklin Ave

City

Colby

State

KS

Zip Code

67701-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00361

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Randall D. Smith

Mailing Address 460 N Franklin Ave

City

Colby

State

KS

Zip Code

67701-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00332

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Rod Smith

Mailing Address 582 S Ohio St

City

Salina

State

KS

Zip Code

67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jims Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00362

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rod Smith

Mailing Address 582 S Ohio St

City

Salina

State

KS

Zip Code

67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jims Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00333

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephanie C. Smith Cooney

Mailing Address 701 Philadelphia St

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gatti Pharmacy

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00363

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kelly Soekarmoen

Mailing Address 110 S Main St

City

Vicksburg

State

MI

Zip Code

49097-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hills Pharmacy Of Vicksbu-
rg

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00364

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kelly Soekarmoen

Mailing Address 6286 E Tu Ave

City

Vicksburg

State

MI

Zip Code

49097-8335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hills Pharmacy Of Vicksbu-
rg

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00334

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Todd Sondrup

Mailing Address 508 E Stemple Suite 124

City

Salt Lake City

State

UT

Zip Code

84102-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Plaza Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00365

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Todd Sondrup

Mailing Address 508 E Stemple Suite 124

City

Salt Lake City

State

UT

Zip Code

84102-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Plaza Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00335

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dennis W. Song

Mailing Address 1001 Cross Timbers Rd
Ste 1170

City State Zip Code
Flower Mound TX 75028-8817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flower Mound Phy And Herb-
al Alts

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00366

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dennis W. Song

Mailing Address 4505 Morningstar Dr

City State Zip Code
Flower Mound TX 75028-3057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flower Mound Phy And Herb-
al Alts

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00336

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Terry J. Spears

Mailing Address PO Box 1737
/ 1720 Hillcrest Drive

City State Zip Code
Vernon TX 76385-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20101105_00367

Amount of Each Receipt this Period

500.00

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)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David Spence

Mailing Address 2301 E Mulberry St

City

Angleton

State

TX

Zip Code

77515-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00368

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Spence

Mailing Address 2301 E Mulberry St

City

Angleton

State

TX

Zip Code

77515-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00337

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James O. Spoon

Mailing Address 1325 N Old North PI

City

Sand Springs

State

OK

Zip Code

74063-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.R.B. Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00338

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Robert Standridge

Mailing Address 2330 McKown Dr
Ste B

City State Zip Code
Norman OK 73072-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legend Care Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00369

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert Standridge

Mailing Address 2330 McKown Dr
Ste B

City State Zip Code
Norman OK 73072-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legend Care Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00339

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James W. Stangel

Mailing Address 821 Iowa Ave

City State Zip Code
Onawa IA 51040-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stangel Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00370

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Frank Steed

Mailing Address 215 Hoffman St

City

Elmira

State

NY

Zip Code

14905-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geroulds Professional Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00371

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Frank Steed

Mailing Address 215 Hoffman St

City

Elmira

State

NY

Zip Code

14905-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geroulds Professional Pha-
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00340

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sharon Steen

Mailing Address 900 Wilshire Blvd
Ste 104

City

Santa Monica

State

CA

Zip Code

90401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00372

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 235 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sharon Steen

Mailing Address 900 Wilshire Blvd
Ste 104

City State Zip Code
Santa Monica CA 90401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00399

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

David A. Stevens

Mailing Address 314 S Main Street

City State Zip Code
Canyonville OR 97417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gordons Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00373

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

David A. Stevens

Mailing Address PO Box 746

City State Zip Code
Canyonville OR 97417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gordons Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00341

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gerald D. Stone

Mailing Address 404 State Highway 27

City

State

Zip Code

Comfort

TX

78013

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Drug Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00374

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gerald D. Stone

Mailing Address 404 State Highway 27

City

State

Zip Code

Comfort

TX

78013

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Drug Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00342

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Stuart

Mailing Address PO Box 2248

City

State

Zip Code

Branson West

MO

65737-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland Pharmacy

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00375

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Brad Stultz

Mailing Address 1615 Ashland Rd

City

Greenup

State

KY

Zip Code

41144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stultz Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00376

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brad Stultz

Mailing Address 1615 Ashland Rd

City

Greenup

State

KY

Zip Code

41144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stultz Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00343

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tammy S. Stutes

Mailing Address 2509 Charity St

City

Abbeville

State

LA

Zip Code

70510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cashway Pharmacy of Abbeville

Occupation

Owner/Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00377

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 238 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tammy S. Stutes

Mailing Address 2509 Charity St

City

Abbeville

State

LA

Zip Code

70510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cashway Pharmacy of Abbeville

Occupation

Owner/Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00344

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Sumner

Mailing Address 8015 W Alameda Ave
Ste 100

City

Lakewood

State

CO

Zip Code

80226-3075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Square Pharmacy At
Bellmar

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00378

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

John G. Sutter

Mailing Address 620 Washington St

City

Horicon

State

WI

Zip Code

53032-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00379

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 274

(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

A.

Full Name (Last, First, Middle Initial)

John G. Sutter

Mailing Address 620 Washington St

City

Horicon

State

WI

Zip Code

53032-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00345

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Larry E. Talley

Mailing Address 991 W Centerton Blvd

City

Centerton

State

AR

Zip Code

72719-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talley Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00380

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry E. Talley

Mailing Address 991 W Centerton Blvd

City

Centerton

State

AR

Zip Code

72719-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talley Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00346

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 240 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Carlos M. Tamarit

Mailing Address 746 10th Ave

City

New York

State

NY

Zip Code

10019-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cash RX Plus

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00381

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Carlos M. Tamarit

Mailing Address 746 10th Ave

City

New York

State

NY

Zip Code

10019-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cash RX Plus

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00347

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mark K. Taylor

Mailing Address 3007 Ocean Heights Ave

City

Egg Harbor Townshi

State

NJ

Zip Code

08234-7749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00382

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 241 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark K. Taylor

Mailing Address 3007 Ocean Heights Ave

City

Egg Harbor Townshi

State

NJ

Zip Code

08234-7749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00348

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Larry Thomerson

Mailing Address 113 N 1st St

City

Gurdon

State

AR

Zip Code

71743-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomerson Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00383

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry Thomerson

Mailing Address 113 N 1st St

City

Gurdon

State

AR

Zip Code

71743-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomerson Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00349

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 242 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bryan C. Thompson

Mailing Address 821 Scioto St

City

Urbana

State

OH

Zip Code

43078-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00384

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bryan C. Thompson

Mailing Address 821 Scioto St

City

Urbana

State

OH

Zip Code

43078-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00350

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gregory B. Thompson

Mailing Address 324 S Union St

City

Traverse City

State

MI

Zip Code

49684-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Pharmacy Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00385

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 243 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gregory B. Thompson

Mailing Address 224 E Bay Blvd S

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Pharmacy Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00351

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William Thompson, III

Mailing Address 600 E Chestnut Ave

City

Altoona

State

PA

Zip Code

16601-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 20101105_00386

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mark Timmermann

Mailing Address 117 Clintonian Plz

City

Breese

State

IL

Zip Code

62230-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Care Phcy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00387

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

2660.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 244 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark Timmermann

Mailing Address 117 Clintonian Plz

City

Breese

State

IL

Zip Code

62230-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Care Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00352

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Virgil F. Todd

Mailing Address 10321 SE 55th St

City

Oklahoma City

State

OK

Zip Code

73150-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northrock Community Pharm-
acy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00388

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Virgil F. Todd

Mailing Address 10321 SE 55th St

City

Oklahoma City

State

OK

Zip Code

73150-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northrock Community Pharm-
acy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00353

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 245 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James H. Toomajian

Mailing Address 601 19th St

City

Watervliet

State

NY

Zip Code

12189-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watervliet Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00389

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

James H. Toomajian

Mailing Address 601 19th St

City

Watervliet

State

NY

Zip Code

12189-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watervliet Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00354

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James Tristani

Mailing Address 1510 Conowingo Rd
Ste A

City

Bel Air

State

MD

Zip Code

21014-1879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00390

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 274

(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

A.

Full Name (Last, First, Middle Initial)

James Tristani

Mailing Address 1510 Conowingo Rd
Ste A

City	State	Zip Code
Bel Air	MD	21014-1879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford PharmacyOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00355

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Margie A. Trythall

Mailing Address 744 S E St

City	State	Zip Code
Broken Bow	NE	68822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Varney Health MartOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00391

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Margie A. Trythall

Mailing Address 744 S E St

City	State	Zip Code
Broken Bow	NE	68822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Varney Health MartOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00356

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 247 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Charles W. Tucker

Mailing Address PO Box 291526

City

Kerrville

State

TX

Zip Code

78029-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Stop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00392

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Charles W. Tucker

Mailing Address PO Box 291526

City

Kerrville

State

TX

Zip Code

78029-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Stop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00357

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Greg Turner

Mailing Address PO Box 717

City

Dale

State

IN

Zip Code

47523-0717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turner Rx

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00393

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Greg Turner

Mailing Address PO Box 717

City

State

Zip Code

Date

IN

47523-0717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turner Rx

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00358

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jonathan D. Van Lahr

Mailing Address PO Box 207

City

State

Zip Code

Irvington

KY

40146-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Save Rite Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00394

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jonathan D. Van Lahr

Mailing Address PO Box 207

City

State

Zip Code

Irvington

KY

40146-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Save Rite Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00359

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Keith A. Vance

Mailing Address 181 Lowes Foods Dr

City

Lewisville

State

NC

Zip Code

27023-8258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewisville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00395

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Keith A. Vance

Mailing Address 181 Lowes Foods Dr

City

Lewisville

State

NC

Zip Code

27023-8258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewisville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00360

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Chhagan Vasoya

Mailing Address 752 E Arrow Hwy

City

Pomona

State

CA

Zip Code

91767-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00396

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Chhagan Vasoya

Mailing Address 752 E Arrow Hwy

City

Pomona

State

CA

Zip Code

91767-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00361

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Victor A. Vena

Mailing Address 1322 W State St

City

Olean

State

NY

Zip Code

14760-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vic Vena Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00397

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Victor A. Vena

Mailing Address 1322 W State St

City

Olean

State

NY

Zip Code

14760-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vic Vena Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00362

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Evan James Vickers

Mailing Address 91 N Main St

City

Cedar City

State

UT

Zip Code

84720-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bullochs Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00398

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Evan James Vickers

Mailing Address 91 N Main St

City

Cedar City

State

UT

Zip Code

84720-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bullochs Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00363

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Bill Walker

Mailing Address 838 4th Ave

City

Lake Odessa

State

MI

Zip Code

48849-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walker Savor Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20101105_00399

Amount of Each Receipt this Period

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)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Maurice J. Warner

Mailing Address 30542 US Highway 136

City

Unionville

State

MO

Zip Code

63565-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Drug

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00401

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Maurice J. Warner

Mailing Address 30542 US Highway 136

City

Unionville

State

MO

Zip Code

63565-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Drug

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00365

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Earnest J. Watts

Mailing Address 2354 Highway 15

City

Whitesburg

State

KY

Zip Code

41858-7414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkway Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00402

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Earnest J. Watts

Mailing Address 2354 Highway 15

City

Whitesburg

State

KY

Zip Code

41858-7414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00366

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Scott E. Watts

Mailing Address PO Box 32007

City

Juneau

State

AK

Zip Code

99803-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rons Apothecary Shoppe Ph-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00403

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Scott E. Watts

Mailing Address 9101 Mendenhall Mall Rd

City

Juneau

State

AK

Zip Code

99801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rons Apothecary Shoppe Ph-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00367

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Craig Wear

Mailing Address PO Box 305

City

Carthage

State

IL

Zip Code

62321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wear Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00368

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Randolph J. Weaver

Mailing Address 181 Seneca St

City

Hornell

State

NY

Zip Code

14843-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maple City Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00404

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Randolph J. Weaver

Mailing Address 181 Seneca St

City

Hornell

State

NY

Zip Code

14843-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maple City Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00369

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tony Welder

Mailing Address 1314 Bayview Ct

City

Bismarck

State

ND

Zip Code

58504

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Salem Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00405

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Tony Welder

Mailing Address 1314 Bayview Ct

City

Bismarck

State

ND

Zip Code

58504

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Salem Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00370

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gregory Wendling

Mailing Address 680 Robert Blvd

City

Slidell

State

LA

Zip Code

70458-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northshore Discount Pharm-
acy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00406

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gregory Wendling

Mailing Address 680 Robert Blvd

City

Slidell

State

LA

Zip Code

70458-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northshore Discount Pharm-
acy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00371

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert Westbrook

Mailing Address 1400 State Route 125

City

Amelia

State

OH

Zip Code

45102-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pill Box

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00407

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Robert Westbrook

Mailing Address 1400 State Route 125

City

Amelia

State

OH

Zip Code

45102-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pill Box

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00372

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David Whalley

Mailing Address 289 Brdway

City

Newport

State

RI

Zip Code

02840-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Prescription Center
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00408

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Whalley

Mailing Address 289 Brdway

City

Newport

State

RI

Zip Code

02840-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Prescription Center
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00373

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Oliver C. Whipple

Mailing Address 1704 Meadows Ln

City

Vidalia

State

GA

Zip Code

30474-8913

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20101105_00410

Amount of Each Receipt this Period

500.00

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tom Whiston

Mailing Address 25 S Main St

City

Mount Gilead

State

OH

Zip Code

43338-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whiston Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00411

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tom Whiston

Mailing Address 25 S Main St

City

Mount Gilead

State

OH

Zip Code

43338-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whiston Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00375

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dirk White

Mailing Address 106 Lincoln St

City

Sitka

State

AK

Zip Code

99835-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00412

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Dirk White

Mailing Address 106 Lincoln St

City

Sitka

State

AK

Zip Code

99835-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00376

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Thomas H. Whitworth

Mailing Address 3469 W Point Rd

City

Lagrange

State

GA

Zip Code

30240-8650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corley Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00413

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Thomas H. Whitworth

Mailing Address 3469 W Point Rd

City

Lagrange

State

GA

Zip Code

30240-8650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corley Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00377

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 260 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gary Wientjes

Mailing Address 234 Medical Cir

City

Morehead

State

KY

Zip Code

40351-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morehead Clinic Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00414

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gary Wientjes

Mailing Address 234 Medical Cir

City

Morehead

State

KY

Zip Code

40351-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morehead Clinic Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00378

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ralph W. Williams

Mailing Address 247 W Main St

City

Hendersonville

State

TN

Zip Code

37075-7320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendersonville Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00415

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Ralph W. Williams

Mailing Address 247 W Main St

City

Hendersonville

State

TN

Zip Code

37075-7320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendersonville Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00379

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Guy B. Wilson

Mailing Address PO Box 5289

City

Johnson City

State

TN

Zip Code

37602-5289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Pharmacy Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00416

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Guy B. Wilson

Mailing Address PO Box 5289

City

Johnson City

State

TN

Zip Code

37602-5289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Pharmacy Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00380

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 262 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Justin B. Wilson

Mailing Address 1212 S Douglas Blvd
Ste A

City State Zip Code
Midwest City OK 73130-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valu-Med Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00417

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Justin B. Wilson

Mailing Address 1212 S Douglas Blvd
Ste A

City State Zip Code
Midwest City OK 73130-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valu-Med Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00381

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lonny D. Wilson

Mailing Address PO Box 18204

City State Zip Code
Oklahoma City OK 73154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Providers of Okl-
ahoma, Inc.

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00419

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Lonny D. Wilson

Mailing Address PO Box 18204

City

Oklahoma City

State

OK

Zip Code

73154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Providers of Okl-
ahoma, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00383

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Terry Wingo

Mailing Address 472 Providence Main St NW

City

Huntsville

State

AL

Zip Code

35806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00420

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Terry Wingo

Mailing Address 472 Providence Main St NW

City

Huntsville

State

AL

Zip Code

35806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00384

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Lea Wolsoncroft

Mailing Address 1936 Old Orchard Rd

City

Vestavia

State

AL

Zip Code

35216-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kids Meds Pharmacy

Occupation

Pediatric Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 20101105_00421

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Allan Wong

Mailing Address 4445 Kissena Blvd
A

City

Flushing

State

NY

Zip Code

11355-3055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Victoria Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00422

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Allan Wong

Mailing Address 4445 Kissena Blvd
A

City

Flushing

State

NY

Zip Code

11355-3055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Victoria Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00385

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 265 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bruce D. Wood

Mailing Address 118 S Vine St

City

Arthur

State

IL

Zip Code

61911-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dicks Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00423

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce D. Wood

Mailing Address 118 S Vine St

City

Arthur

State

IL

Zip Code

61911-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dicks Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00386

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James T. Wood

Mailing Address PO Box 899
3868 Highway 431

City

Roanoke

State

AL

Zip Code

36274-0899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerging Home Care Pharma-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00424

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 274

(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

A.

Full Name (Last, First, Middle Initial)

James T. Wood

Mailing Address PO Box 899

3868 Highway 431

City

Roanoke

State

AL

Zip Code

36274-0899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerging Home Care Pharma-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00387

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dana L. Woods

Mailing Address 301 W Main St

City

Mountain View

State

AR

Zip Code

72560-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woods Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00425

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dana L. Woods

Mailing Address 301 W Main St

City

Mountain View

State

AR

Zip Code

72560-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woods Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00388

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 267 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Erica Worhatch

Mailing Address 215 W Nordic Drive

City

Petersburg

State

AK

Zip Code

99833-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersburg Rexall Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00426

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Erica Worhatch

Mailing Address 215 W Nordic Drive

City

Petersburg

State

AK

Zip Code

99833-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersburg Rexall Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00389

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gary W. Wright

Mailing Address 960 Ross St

City

Heflin

State

AL

Zip Code

36264-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00427

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 274

(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

A.

Full Name (Last, First, Middle Initial)

Gary W. Wright

Mailing Address 960 Ross St

City

Heflin

State

AL

Zip Code

36264-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright Drug Company

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 20101201_00390

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert L. Wright, Jr.

Mailing Address 300 Perry St

City

Helena

State

AR

Zip Code

72342-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Economy Drug Inc

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00428

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Shabana Yasmin

Mailing Address 277 E Rowland St

City

Covina

State

CA

Zip Code

91723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: 20101105_00429

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 269 / 274

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Shabana Yasmin

Mailing Address 277 E Rowland St

City

Covina

State

CA

Zip Code

91723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00392

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey E. Young

Mailing Address 1095 Tamiami Trl N
Ste B

City

Nokomis

State

FL

Zip Code

34275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Village Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 20101105_00430

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey E. Young

Mailing Address 1095 Tamiami Trl N
Ste B

City

Nokomis

State

FL

Zip Code

34275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Village Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 20101201_00393

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

86902.00

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

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

FOR LINE NUMBER: PAGE 270 / 274

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Doggett for Us Congress

Mailing Address PO Box 5843

City

Austin

State

TX

Zip Code

78763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 749B01BA6F900A6CEBF

Amount of Each Receipt this Period

1075.80

Refund

B.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address PO Box 3662

City

Seattle

State

WA

Zip Code

98124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 50077A0D07671FB3AEB

Amount of Each Receipt this Period

766.36

Refund of Excessive Contr-
ibution

C.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address PO Box 3662

City

Seattle

State

WA

Zip Code

98124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 7715A6D38F65DE22A74

Amount of Each Receipt this Period

233.64

Refund

SUBTOTAL of Receipts This Page (optional)

2075.80

TOTAL This Period (last page this line number only)

2075.80

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

National Community Pharmacists Association - PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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 272 / 274

<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

A. Full Name (Last, First, Middle Initial) America Works Pac	Transaction ID: 11EF3354453B9B805BF Date of Disbursement																				
Mailing Address PO Box 76187	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name America Works Pac	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																					
B. Full Name (Last, First, Middle Initial) Austin Scott for Congress Inc	Transaction ID: AD4C6FA7CC6719716C9 Date of Disbursement																				
Mailing Address PO Box 27750	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City Macon State GA Zip Code 31221	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Election Debt	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name James Austin Scott	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution																					
C. Full Name (Last, First, Middle Initial) Doc Pac	Transaction ID: 605C3DB613740258546 Date of Disbursement																				
Mailing Address 264 N. Lumpkin Street, #202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Doc Pac	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>7500.00</td> </tr> </table>	7500.00																			
7500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 273 / 274

<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

A.

Full Name (Last, First, Middle Initial)

Majority Committee Pac--Mc Pac

Mailing Address PO Box 10134

City
BakersfieldState
CAZip Code
93389Purpose of Disbursement
2010 Contribution

011

Category/
TypeCandidate Name
Majority Committee Pac--Mc PacOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 1EDC5FD315C9F5BAC66

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

McDowell for Congress

Mailing Address PO Box 913

City
Sault Ste. MarieState
MIZip Code
49783Purpose of Disbursement
2010 General

011

Category/
TypeCandidate Name
Gary McDowellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: C827DFAA4C51C52F07C

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Southerland for Congress

Mailing Address PO Box 1692

City
Lynn HavenState
FLZip Code
32444Purpose of Disbursement
2010 General

011

Category/
TypeCandidate Name
William Steve Southerland, IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: 9FA9C44BA586F8DF603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 274 / 274

<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

A.

Full Name (Last, First, Middle Initial)

Steve Chabot for Congress

Mailing Address 3030 Harrison Ave.

City
Cincinnati

State
OH

Zip Code
45211

Purpose of Disbursement
2010 General

Candidate Name
Steve Chabot

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: 855E1ECB73ADB6B2210

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Whitfield for Congress Committee

Mailing Address PO Box 391

City
Hopkinsville

State
KY

Zip Code
42241

Purpose of Disbursement
2010 General

Candidate Name
Edward Whitfield

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: 60EA329705C4D5DD074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

15000.00