01/31/2011 23:01

Image# 11990187035

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Community Pharmacists Association - PAC 100 Daingerfield Road ADDRESS (number and street) Check if different than previously Alexandria ٧A 22314 2885 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS NEW **AMENDED** C00030809 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 DC 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. B. Douglas Hoey Type or Print Name of Treasurer Electronically Filed by Mr. B. Douglas Hoey 0 1 3 1 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$

Transaction ID:

Report Covering the Period:

FEC Form 3X (Rev. 02/2003)

From:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS 3 / 274

2010

Write or Type Committee Name National Community Pharmacists Association - PAC м м 1 0 Y W Y 2010 D D 22 м м 1 1 D D

14

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2010 Y Y Y		344255.45
(b) Cash on Hand at Begining 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
Total Disbursements (from Line 31)	16989.93	644677.51
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	302434.49	302434.49
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 274

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

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Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other			
	olitical Committees mized (use Schedule A)	86902.00	491866.34
(ii) Un	itemized	2860.00	105932.50
	TAL (add es 11(a)(i) and (ii)	89762.00	597798.84
. ,	I Party Committees	0.00	0.00
(such a	Political Committees as PACs)ontributions (add Lines	0.00	0.00
	i),(b) and (c)) (Carry to Line 33, page 5)	89762.00	597798.84
	rom Affiliated/Other littees	0.00	0.00
3. All Loans Re	eceived	0.00	0.00
	ments Received	0.00	0.00
(Carry Total	ebates, etc.) s to Line 37, page 5)	0.00	0.00
to Federal ca	Contributions Made and Other nmittees	2075.80	4972.87
Other Feder (Dividends,	al Receipts Interest, etc.)	0.00	84.84
	om Non-Federal and Levin Funds		
` '	eral Account chedule H3)	0.00	0.00
(b) Levin Fu	nds (from Schedule H5)	0.00	0.00
(c) Total Tra	nsfer (add 18(a) and 18(b)).	0.00	0.00
-	ts (add Lines 11(d), 5, 16, 17, and 18(c))	91837.80	602856.55
0. Total Federa	I Receipts e 18(c) from Line 19)	91837.80	602856.55

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 274

II. DISBURSEMENTS		Total This Period Calendar Y		
21.	Operating Expenditures: (a) Shared Federal/Non-Federal			
	Activity (from Schedule H4)	0.00	0.00	
	(i) Federal Share			
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating	1000.02	22051 51	
	Expenditures(c) Total Operating Expenditures	1989.93	22051.51	
	(add 21(a)(i), (a)(ii) and (b))	1989.93	22051.51	
22.	Transfers to Affiliated/Other Party			
23.	Contributions to	0.00	0.00	
	Federal Candidates/Committeesand Other Political Committees	15000.00	622626.00	
24.	Independent Expenditure	0.00	0.00	
5.	(use Schedule E)	0.00	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6.	Loan Repayments Made	0.00	0.00	
	25a. Topays.ne mase			
	Loans Made Refunds of Contributions To:	0.00	0.00	
-	(a) Individuals/Persons Other	0.00	0.00	
	Than Political Committees			
	(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	
9.	Other Disbursements	0.00	0.00	
RO.	Federal Election Activity (2 U.S.C 431(20))			
	(a) Shared Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely	0.00	0.00	
	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	
1.	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

	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

FE6AN026

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Greg Adams Mailing Address 815 Frisco Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Clinton FEC ID number of contributing federal political committee.	State Zip Code OK 73601-3322	Transaction ID: 20101105_00001 Amount of Each Receipt this Period 150.00
Name of Employer Salisbury Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1500.00	
Full Name (Last, First, Middle Initial) Greg Adams Mailing Address 815 Frisco Ave		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Clinton FEC ID number of contributing federal political committee.	State Zip Code OK 73601-3322	Transaction ID: 20101201_00001 Amount of Each Receipt this Period 150.00
Name of Employer Salisbury Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1500.00	
Full Name (Last, First, Middle Initial) Julian R. Adams, Jr. Mailing Address 922 Ohio Ave		Date of Receipt
City Lynn Haven FEC ID number of contributing federal political committee.	State Zip Code FL 32444-2354 C	Transaction ID: 21 2010 Transaction ID: 20101105_00002 Amount of Each Receipt this Period 100.00
Name of Employer Adams Pharmacy Inc Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)	400.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any personant the name and address of any political committee to	
Full Name (Last, First, Middle Initial)	SSOCIATION - PAC	
A. Julian R. Adams, Jr. Mailing Address 922 Ohio Ave		Date of Receipt M M
City Lynn Haven	State Zip Code FL 32444-2354	Transaction ID: 20101201_00002
FEC ID number of contributing federal political committee.	C 32444-2354	Amount of Each Receipt this Period 100.00
Name of Employer Adams Pharmacy Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Aimee Aday		Date of Receipt
Mailing Address 2800 Highway 101		10 21 2010
City Rogersville	State Zip Code AL 35652	Transaction ID: 20101105_00003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Crossroads Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Aimee Aday		Date of Receipt
Mailing Address 2800 Highway 101		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rogersville	State Zip Code AL 35652	Transaction ID: 20101201_00003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Crossroads Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	200.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenneth W. Aday, Jr. Mailing Address 2800 Highway 101 City Rogersville FEC ID number of contributing federal political committee. Name of Employer Crossroads Pharmacy Receipt For: Primary General	State Zip Code AL 35652 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 2 0 1 0 Transaction ID: 20101105_00004 Amount of Each Receipt this Period 50.00
Other (specify) Full Name (Last, First, Middle Initial) Kenneth W. Aday, Jr. Mailing Address 2800 Highway 101 City Rogersville FEC ID number of contributing federal political committee. Name of Employer Crossroads Pharmacy	State Zip Code AL 35652 C Occupation Owner/Manager	Date of Receipt M 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
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Carl Allison Mailing Address 780 SE Baya Dr City Lake City FEC ID number of contributing	Aggregate Year-to-Date ▼ 550.00 State Zip Code FL 32025-5403	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)	200.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any pers ne name and address of any political committee to esociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maureen Althouse Mailing Address PO Box 1285 City Albrightsville FEC ID number of contributing federal political committee. Name of Employer Carrigans Country Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code PA 18210-1285 C Occupation Owner/Manager Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0
Full Name (Last, First, Middle Initial) Maureen Althouse Mailing Address PO Box 1285 City Albrightsville FEC ID number of contributing federal political committee. Name of Employer Carrigans Country Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code PA 18210-1285 C Occupation Owner/Manager Aggregate Year-to-Date 350.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Michael Altman Mailing Address 544 Warburton Ave City Hastings On Hudson FEC ID number of contributing federal political committee. Name of Employer Greenleaf Pharmacy Rx Corp Receipt For: Primary General Other (specify)	State Zip Code NY 10706-1549 C Occupation Owner/Manager Aggregate Year-to-Date 800.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/2/4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	<u>- </u>		
Full Name (Last, First, Middle Initial) Stephen J. Amato			Date of Receipt
Mailing Address 938 Patricia Ave			M M / D D / Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City Dunedin	State FL	Zip Code 34698-6023	Transaction ID: 20101105_00008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34030-0023	100.00
Name of Employer Medicine Shoppe	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Stephen J. Amato			Date of Receipt
Mailing Address 938 Patricia Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dunedin	State FL	Zip Code 34698-6023	Transaction ID: 20101201_00006
FEC ID number of contributing federal political committee.	C	34090-0023	Amount of Each Receipt this Period 100.00
Name of Employer Medicine Shoppe	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Calvin J. Anthony			Date of Receipt
Mailing Address 1002 S Redlands F	Rd		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City Stillwater	State OK	Zip Code	Transaction ID: 20101105_00010
FEC ID number of contributing federal political committee.	C	74074-1069	Amount of Each Receipt this Period
Name of Employer Tiger Drug Company	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	<u>'</u>	Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (option	al)		300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 274 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	
Full Name (Last, First, Middle Initial) Calvin J. Anthony Mailing Address 1002 S Redlands R City Stillwater FEC ID number of contributing federal political committee.	State Zip Code OK 74074-1069	Date of Receipt M M
Name of Employer Tiger Drug Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Stephen Archbell Mailing Address PO Box 988		Date of Receipt 1 0
City Kitty Hawk FEC ID number of contributing federal political committee.	State Zip Code NC 27949-0988	Transaction ID: 20101105_00011 Amount of Each Receipt this Period 100.00
Name of Employer Bear Drugs Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Stephen Archbell Mailing Address PO Box 988		Date of Receipt 1 1 1 9 2 0 1 0
City Kitty Hawk FEC ID number of contributing federal political committee.	State Zip Code NC 27949-0988 C	Transaction ID: 20101201_00010 Amount of Each Receipt this Period 100.00
Name of Employer Bear Drugs Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional	l	300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 13 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and address of	sold or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Bradley J. Arthur Mailing Address 431 Tonawanda St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Buffalo		Code 207-2625	Transaction ID: 20101105_00012 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Black Rock Pharmacy Receipt For:	Occupation Owner/Manager Aggregate Year-to		
	Primary General Other (specify) ▼	Aggregate Teal-to	1100.00	
3.	Full Name (Last, First, Middle Initial) Bradley J. Arthur Mailing Address 431 Tonawanda St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip	Code	Transaction ID: 20101201_00011
	Buffalo FEC ID number of contributing federal political committee.	NY 143	207-2625	Amount of Each Receipt this Period
	Name of Employer Black Rock Pharmacy	Occupation Owner/Manager	•	
	Receipt For: Primary General Other (specify)	Aggregate Year-to		
_	Full Name (Last, First, Middle Initial) Gary Avnet	ı		Date of Receipt
	Mailing Address 14124 Foothill Blvd			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sylmar	·	Code 342-3030	Transaction ID: 20101105_00013 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Sayre Medical Pharmacy Inc	Occupation Owner/Manager	·	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to		
s	UBTOTAL of Receipts This Page (optional)	1		300.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 274 (check only one) X 11a
or f	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Gary Avnet Mailing Address 14124 Foothill Blvd City Sylmar FEC ID number of contributing ederal political committee. Name of Employer Sayre Medical Pharmacy Inc	State CA C Occupatio Owner/M		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 800.00	
3.	Full Name (Last, First, Middle Initial) Larry Bailey Mailing Address 711 Main St City Johnson City FEC ID number of contributing	State NY	Zip Code 13790-1743	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer The Pharmacy Receipt For: Primary General Other (specify)	Occupatio Owner/M		
). 	Full Name (Last, First, Middle Initial) Larry Bailey Mailing Address 711 Main St City Johnson City FEC ID number of contributing ederal political committee.	State NY	Zip Code 13790-1743	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00013 Amount of Each Receipt this Period 50.00
	Name of Employer The Pharmacy Receipt For: Primary General Other (specify)	Occupatio Owner/M Aggregate		
SU	BTOTAL of Receipts This Page (optional)	<u> </u>		200.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steve K. Balas Mailing Address 702 S McCarty Ave City Eagle Lake FEC ID number of contributing	State Zip Code TX 77434-3212	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 1650.00	-
Full Name (Last, First, Middle Initial) Steve K. Balas Mailing Address 702 S McCarty Ave City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Eagle Lake FEC ID number of contributing federal political committee. Name of Employer Eagle Lake Drug Store Receipt For:	TX 77434-3212 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 150.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ralph W. Balchin Mailing Address 575 Glynn St N	1650.00	Date of Receipt
City Fayetteville FEC ID number of contributing federal political committee.	State Zip Code GA 30214-1198	Transaction ID: 20101105_00016 Amount of Each Receipt this Period 100.00
Name of Employer Jones Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional) >	400.00

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) X
or for commercial purposes, other than using t	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Community Pharmacists A	ssociation - PAC	
Full Name (Last, First, Middle Initial) Ralph W. Balchin		Date of Receipt
Mailing Address 575 Glynn St N		11 / 19 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00015
<u>Fayetteville</u>	GA 30214-1198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Jones Pharmacy	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Delane M. Bassett	'	Date of Receipt
Mailing Address 419 E Davis St		M M / D D / Y Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1
City	State Zip Code	Transaction ID: 20101105_00017
<u>Luling</u>	TX 78648-2316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Luling Discount Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Delane M. Bassett		Date of Receipt
Mailing Address 419 E Davis St		M M / D D / Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 20101201_00016
<u>Luling</u>	TX 78648-2316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Luling Discount Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	7
SUBTOTAL of Receipts This Page (optional)		300.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As:	Statements may not be sold or used by any persor e name and address of any political committee to sold sociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James M. Beatty Mailing Address 745 Ross Ln City Bound Brook FEC ID number of contributing federal political committee.	State Zip Code NJ 08805-1424 C	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00018 Amount of Each Receipt this Period 30.00
Name of Employer Buy-Sell A Pharmacy.Com Receipt For: Primary General Other (specify) ▼	Owner/Manager Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) James M. Beatty Mailing Address 745 Ross Ln City Bound Brook FEC ID number of contributing federal political committee.	State Zip Code NJ 08805-1424	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Buy-Sell A Pharmacy.Com Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 330.00	
Full Name (Last, First, Middle Initial) Richard E. Beck Mailing Address 1001 Congress Ave Ste 250 City Austin FEC ID number of contributing federal political committee.	State Zip Code TX 78737	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Texas Pharmacy Business Council Receipt For: Primary General Other (specify) ▼	Occupation Vice President Pharmacy Affairs Aggregate Year-to-Date ▼ 1100.00	_
SUBTOTAL of Receipts This Page (optional) .	 	160.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to		
NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC		
Full Name (Last, First, Middle Initial) Richard E. Beck		Date of Receipt	
Mailing Address 1001 Congress Ave Ste 250		M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0	
City	State Zip Code	Transaction ID: 20101201_00018	
Austin	TX 78737	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer Texas Pharmacy Business Council	Occupation Vice President Pharmacy Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1100.00]	
Full Name (Last, First, Middle Initial) Michele M. Belcher	<u> </u>	Date of Receipt	
Mailing Address 414 SW 6th St		1 0 2 1 2 0 1 0	
City	State Zip Code	Transaction ID: 20101105_00021	
Grants Pass	OR 97526-2810	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer Grants Pass Pharmacy Inc	Occupation Owner/Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
Full Name (Last, First, Middle Initial) Michele M. Belcher		Date of Receipt	
Mailing Address 414 SW 6th St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 20101201_00019	
Grants Pass	OR 97526-2810	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer Grants Pass Pharmacy Inc	Occupation Owner/Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
CURTOTAL of Descripts This Descriptional		300.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 274 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	the name and address of any political committee to s Association - PAC	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael R. Bellesine Mailing Address 205 N Vine St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00023
El Dorado	KS 67042-2055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer El Dorado Truecare Phcy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) Michael R. Bellesine		Date of Receipt
Mailing Address 205 N Vine St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00020
El Dorado	KS 67042-2055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer El Dorado Truecare Phcy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) Byron Berry, Jr.		Date of Receipt
Mailing Address 508 N Main St		10 21 2010
City <u>Carrollton</u>	State Zip Code IL 62016-1027	Transaction ID: 20101105_00024 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Pharmacy Plus, Inc.	Occupation Owner/Manager	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional	J)	300.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Community Pharmac	using the name and address of any political	d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Byron Berry, Jr. Mailing Address 508 N Main St City Carrollton FEC ID number of contributing federal political committee. Name of Employer Pharmacy Plus, Inc. Receipt For: Primary General	State Zip Code IL 62016-1027 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M
Full Name (Last, First, Middle Initial Lance Bien Mailing Address 222 S Main St City Milbank FEC ID number of contributing federal political committee. Name of Employer Bien Pharmacy Receipt For: Primary General	0 0 0 0 0 0	Date of Receipt M
Full Name (Last, First, Middle Initial Lance Bien Mailing Address 222 S Main St City Milbank FEC ID number of contributing federal political committee. Name of Employer Bien Pharmacy Receipt For: Primary General Other (specify) ▼	State Zip Code SD 57252-1809 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M
SUBTOTAL of Receipts This Page (c	otional)	200.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 274 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any period the name and address of any political committee Association - PAC	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Timothy N. Bishop Mailing Address 103 Sand Mountai	in Dr NE	Date of Receipt
City Albertville FEC ID number of contributing federal political committee.	State Zip Code AL 35950-1709	Transaction ID: 20101105_00026 Amount of Each Receipt this Period 150.00
Name of Employer Bishops Pharmacy And Gifts Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1200.00	
Full Name (Last, First, Middle Initial) Timothy N. Bishop Mailing Address 103 Sand Mountai	in Dr NE	Date of Receipt
City	State Zip Code	Transaction ID: 20101201_00024
Albertville FEC ID number of contributing federal political committee.	AL 35950-1709	Amount of Each Receipt this Period 150.00
Name of Employer Bishops Pharmacy And Gifts Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1200.00	
Full Name (Last, First, Middle Initial) Paul Bivens Mailing Address - DO Day 007	'	Date of Receipt
Mailing Address PO Box 927 619 W 2nd		10 21 2010
City Clarendon	State Zip Code TX 79226-0927	Transaction ID: 20101105_00027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Clarendon Outpost Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (option	nal)	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 274 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any personal name and address of any political committee to a sociation - PAC	
Full Name (Last, First, Middle Initial) Paul Bivens Mailing Address PO Box 927 619 W 2nd City Clarendon FEC ID number of contributing federal political committee. Name of Employer Clarendon Outpost Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 79226-0927 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) Jay Blackburn Mailing Address 160 Business Park C City Stoughton FEC ID number of contributing federal political committee. Name of Employer CPA Receipt For: Primary General	State Zip Code WI 53589 C Occupation VP Operations Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jay Blackburn Mailing Address 160 Business Park C City Stoughton FEC ID number of contributing federal political committee. Name of Employer CPA Receipt For: Primary General Other (specify) ▼		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		250.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Michael R. Blaire Mailing Address 10921 N 140th Way City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Diamondback Drugs Receipt For: Primary General	State AZ C Occupation Pharmac	ist Year-to-Date ▼	Date of Receipt M M M / 21 2010 Transaction ID: 20101105_00029 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Michael R. Blaire Mailing Address 10921 N 140th Way City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Diamondback Drugs	State AZ C Occupation		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Michelle D. Blanton Mailing Address 1616 E Main St City	Pharmac Aggregate State	Year-to-Date ▼ 1100.00 Zip Code	Date of Receipt M M
Humboldt FEC ID number of contributing federal political committee. Name of Employer Duvall Drugs Inc Receipt For: Primary General Other (specify)	C Occupation Owner/M	38343-2904	Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)))	250.00

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) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Community Pharmacists As	sociation - PAC	
Full Name (Last, First, Middle Initial) Michelle D. Blanton		Date of Receipt
Mailing Address 1616 E Main St City	State Zip Code	1 1 1 9 2 0 1 0 Transaction ID: 20101201_00027
Humboldt	TN 38343-2904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Duvall Drugs Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Bonnie L. Bobbs-Dicello		Date of Receipt
Mailing Address 1822 W Market St		10 21 2010
City	State Zip Code	Transaction ID: 20101105_00031
Pottsville	PA 17901-2002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Yorkville Drug Store, Inc.	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Bonnie L. Bobbs-Dicello		Date of Receipt
Mailing Address 1822 W Market St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00028
Pottsville	PA 17901-2002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Yorkville Drug Store, Inc.	Occupation Owner/Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any person g the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Betty Jean Bocchino-O'Shea Mailing Address 294 Lee Hwy City Verona FEC ID number of contributing federal political committee. Name of Employer Verona Pharmacy Receipt For: Primary General Other (specify)	State Zip Code VA 24482-2500 C Occupation Owner/Manager 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_00032 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Betty Jean Bocchino-O'Shea Mailing Address 294 Lee Hwy City Verona FEC ID number of contributing federal political committee. Name of Employer Verona Pharmacy Receipt For: Primary General Other (specify)	State Zip Code VA 24482-2500 C Occupation Owner/Manager Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00029 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Frederick J. Bonchosky Mailing Address 1238 National Pik City Hopwood FEC ID number of contributing federal political committee. Name of Employer Rx Plus Pharmacy Receipt For: Primary General Other (specify)	State Zip Code PA 15445-0090 C Occupation Owner/Manager Aggregate Year-to-Date 1600.00	Date of Receipt M M J D D D J Z D J Z D D D D D D D D D D D
SUBTOTAL of Receipts This Page (option	nal)	200.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to ssociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frederick J. Bonchosky Mailing Address 1238 National Pike City Hopwood FEC ID number of contributing federal political committee. Name of Employer Rx Plus Pharmacy Receipt For: Primary General	State Zip Code PA 15445-0090 C Occupation Owner/Manager Aggregate Year-to-Date 1600.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00031 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Michael P. Bordes Mailing Address 401 Sycamore St City Williamsburg FEC ID number of contributing federal political committee. Name of Employer Corner Prescription Shoppe Inc Receipt For:	State Zip Code KY 40769-1136 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael P. Bordes Mailing Address 401 Sycamore St City Williamsburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code KY 40769-1136 C Occupation	Date of Receipt M M J 19 2010 Transaction ID: 20101201_00033 Amount of Each Receipt this Period 50.00
Corner Prescription Shoppe Inc Receipt For: Primary General Other (specify)	Owner/Manager Aggregate Year-to-Date ▼ 550.00	200.00

SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 274 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists As	ssociation - PA	vC	
Full Name (Last, First, Middle Initial) Ralph Bouvette			Date of Receipt
Mailing Address 102 Enterprise Dr			M M / D D / Y Y Y Y Y 1 1 1 0 3 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00034
Frankfort	KY	40601-8585	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1300.00
Name of Employer American Pharmacy Services	Occupation	vice President	
Corporation Receipt For:			
Primary General	Aggregate	Year-to-Date ▼	7
Other (specify) ▼	0 0	2500.00	
Full Name (Last, First, Middle Initial) Thomas Bowser	•		Date of Receipt
Mailing Address 241 W Long Ave			10 21 YYYY 21 2010
City	State	Zip Code	Transaction ID: 20101105_00036
Du Bois	PA	15801-2105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Shankels Pharmacy	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Thomas Bowser			Date of Receipt
Mailing Address 241 W Long Ave			1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00035
Du Bois	PA	15801-2105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Shankels Pharmacy	Occupation Owner/Ma		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		1100.00]
SUBTOTAL of Receipts This Page (optional)			1500.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Community Pharmacists Asse	ociation - P	AC	
Full Name (Last, First, Middle Initial) Stephen Brandt			Date of Receipt
Mailing Address 405 Rochelle Ave			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00038
Rochelle Park	NJ	07662-3341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Garden State Pharmacy Own-	Occupation		
ers, Inc. Receipt For:		e Director e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	900.00	
Full Name (Last, First, Middle Initial) Stephen Brandt	l		Date of Receipt
Mailing Address 405 Rochelle Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00036
Rochelle Park	NJ	07662-3341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Garden State Pharmacy Own- ers, Inc.	Occupation Executive	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Terry M. Brimer			Date of Receipt
Mailing Address 420 W Morris Blvd Ste 160A			10 21 YYYY 10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00039
Morristown	TN	37813-2262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Midtown Drug Company	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		>	250.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from suc or for commercial purposes, oth NAME OF COMMITTEE (In National Community Ph.	er than using the name and a Full)	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ste 160A City Morristown FEC ID number of contributing federal political committee. Name of Employer Midtown Drug Company Receipt For: Primary General Primary	State TN Occupat Owner/ Aggrega	Zip Code 37813-2262 tion /Manager ate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Richard P. Brisson Mailing Address 458 Dart City New Bedford FEC ID number of contributing federal political committee. Name of Employer PharmaHealth Pharmacy Receipt For: Primary Gene	state MA Occupat Owner/ Aggrega	Zip Code 02740-1115	Date of Receipt 10 21 2010 Transaction ID: 20101105_00040 Amount of Each Receipt this Period 100.00
Other (specify) ▼ Full Name (Last, First, Middle Bruce L. Broadrick, Sr. Mailing Address PO Box City Dalton FEC ID number of contributing federal political committee. Name of Employer Frank's Pharmacy Inc. Receipt For: Primary General Political Committee.	State GA Occupat Pharma Aggrega	acist ate Year-to-Date ▼	Date of Receipt M M M / D D / 2 1 2 0 1 0 Transaction ID: 20101105_00041 Amount of Each Receipt this Period 100.00
Other (specify) ▼ SUBTOTAL of Receipts This F		1100.00	250.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any persithe name and address of any political committee to association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce L. Broadrick, Sr. Mailing Address PO Box 947 City Dalton FEC ID number of contributing federal political committee. Name of Employer Frank's Pharmacy Inc.	State Zip Code GA 30722-0947 C Occupation Pharmacist	Date of Receipt 1 1 9 2 0 1 0 Transaction ID: 20101201_00039 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) George W. Brookins Mailing Address PO Box 368		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00042
<u>Lincolnton</u>	NC 28092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Brookins, Inc D/B/A the Drug Stores Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 2200.00	
Full Name (Last, First, Middle Initial) George W. Brookins		Date of Receipt
Mailing Address PO Box 368		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00040
Lincolnton FEC ID number of contributing federal political committee.	NC 28092	Amount of Each Receipt this Period 200.00
Name of Employer Brookins, Inc D/B/A the Drug Stores Receipt For: Primary General Other (specify)	Occupation President Aggregate Year-to-Date 2200.00	
SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 274 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sally M. Brooks-Higginbotham Mailing Address PO Box 414 City Lakeville FEC ID number of contributing	State Zip Code NY 14480-0414	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Sally M. Brooks-Higginbotham Mailing Address PO Box 414 City Lakeville FEC ID number of contributing federal political committee.	State Zip Code NY 14480-0414	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Livonia Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Richard Brown Mailing Address 5277 Lincoln Hwy City Gap FEC ID number of contributing	State Zip Code PA 17527-9427	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Longenecker Pharmacy Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1000.00	100.00
SUBTOTAL of Receipts This Page (optional	al)	300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (crick only one)
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	the name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Brown Mailing Address 5277 Lincoln Hwy City Gap	State Zip Code PA 17527-9427	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Longenecker Pharmacy Inc Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date	.00
Full Name (Last, First, Middle Initial) Joseph G. Brummer Mailing Address PO Box 107 City Anthony FEC ID number of contributing federal political committee. Name of Employer Irwin Potter Drug Medical Lab Receipt For: Primary General Other (specify)	State Zip Code KS 67003-0107 C Occupation Owner/Manager Aggregate Year-to-Date 1000	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joseph G. Brummer Mailing Address PO Box 107 City Anthony FEC ID number of contributing federal political committee. Name of Employer Irwin Potter Drug Medical Lab Receipt For: Primary General Other (specify)	State Zip Code KS 67003-0107 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M
SUBTOTAL of Receipts This Page (optional	1	300.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any personant the name and address of any political committee to association - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Anthony T. Budde, Sr. Mailing Address 76 Memorial Ct City Highland FEC ID number of contributing federal political committee. Name of Employer Rinderers Drug Receipt For: Primary General Other (specify)	State Zip Code IL 62249 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M Z D Z D Z D Z D D Z D D D D D D D D
Full Name (Last, First, Middle Initial) Anthony T. Budde, Sr. Mailing Address 76 Memorial Ct City Highland FEC ID number of contributing federal political committee. Name of Employer Rinderers Drug Receipt For: Primary General Other (specify)	State Zip Code IL 62249 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kip Burkett Mailing Address 302 N Main St City Rushville FEC ID number of contributing federal political committee. Name of Employer Rushville Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IN 46173-1636 C Occupation Owner/Manager Aggregate Year-to-Date 400.00	Date of Receipt M M M / 21 / 2010 Transaction ID: 20101105_00047 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional))	250.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to ssociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kip Burkett Mailing Address 302 N Main St City Rushville FEC ID number of contributing federal political committee. Name of Employer Rushville Pharmacy	State Zip Code IN 46173-1636 C Occupation Owner/Manager	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Michael Butts Mailing Address PO Box 1030 City	State Zip Code	Date of Receipt M M M
Clarendon FEC ID number of contributing federal political committee. Name of Employer	TX 79226-1030 C Occupation	Amount of Each Receipt this Period 365.00
Mikes Gibsons Pharmacy Receipt For: Primary General Other (specify) ▼	Owner/Manager Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Robert Cain Mailing Address 7455 Hanson Rd	_ I	Date of Receipt
City Hanson FEC ID number of contributing	State Zip Code KY 42413-9415	Transaction ID: 20101105_00049 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Hanson Pharmacy and Wellness Center Receipt For:	Occupation Owner/Manager Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
SUBTOTAL of Receipts This Page (optional		465.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to sussociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donnie R. Calhoun Mailing Address 3320 Henry Rd City Anniston FEC ID number of contributing federal political committee. Name of Employer Golden Springs Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AL 36207-6344 C Occupation Owner/Manager Aggregate Year-to-Date 700.00	Date of Receipt M M Z 1 Z 0 1 0 Transaction ID: 20101105_00050 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Donnie R. Calhoun Mailing Address 3320 Henry Rd City Anniston FEC ID number of contributing federal political committee. Name of Employer Golden Springs Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AL 36207-6344 C Occupation Owner/Manager Aggregate Year-to-Date 700.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jerry Callahan Mailing Address 106 Broadway St Ste A City Elsberry FEC ID number of contributing federal political committee. Name of Employer Elsberry Pharmacy Receipt For: Primary General Other (specify)	State Zip Code MO 63343-1345 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	250.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any personant the name and address of any political committee to association - PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jerry Callahan Mailing Address 106 Broadway St Ste A City Elsberry FEC ID number of contributing federal political committee. Name of Employer Elsberry Pharmacy Receipt For: Primary Other (specify)	State Zip Code MO 63343-1345 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 / 2 0 1 0 Transaction ID: 20101201_00046 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Scott Campbell Mailing Address PO Box 840 City Charlestown FEC ID number of contributing federal political committee. Name of Employer Ocean Healthmart Pharmacy Receipt For: Primary General Other (specify)	State Zip Code RI 02813-0840 C Occupation Owner/Manager Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00052 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Scott Campbell Mailing Address PO Box 840 City Charlestown FEC ID number of contributing federal political committee. Name of Employer Ocean Healthmart Pharmacy Receipt For: Primary General Other (specify)	State Zip Code RI 02813-0840 C Occupation Owner/Manager Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 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

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and Sta r for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) National Community Pharmacists Assoc	ame and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Jeff Carson Mailing Address 7220 Louis Pasteur Dr Ste 176 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Oakdell Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 78229-4535 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M
_ 3.	Full Name (Last, First, Middle Initial) John R. Carson Mailing Address 7220 Louis Pasteur Dr Ste 176 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Oakdell Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 78229-4535 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M 21 2010 Transaction ID: 20101105_00053 Amount of Each Receipt this Period 250.00
	Full Name (Last, First, Middle Initial) John R. Carson Mailing Address 7220 Louis Pasteur Dr Ste 176 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Oakdell Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 78229-4535 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any persor g the name and address of any political committee to s Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Chris Casey Mailing Address 53 W Main St City Victor FEC ID number of contributing federal political committee. Name of Employer Mead Square Pharmacy, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14564-1106 C Occupation Owner/Manager Aggregate Year-to-Date 450.00	Date of Receipt M M J D D D 2 1 2 0 1 0 Transaction ID: 20101105_00054 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Chris Casey Mailing Address 53 W Main St City Victor FEC ID number of contributing federal political committee. Name of Employer Mead Square Pharmacy, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14564-1106 C Occupation Owner/Manager Aggregate Year-to-Date 450.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Brian Caswell Mailing Address 2303 Military Ave City Baxter Springs FEC ID number of contributing federal political committee. Name of Employer Wolkar Drug Inc Receipt For: Primary General Other (specify)	State Zip Code KS 66713-2324 C Occupation President Aggregate Year-to-Date 1650.00	Date of Receipt M M D D 2 1 2 0 1 0
SUBTOTAL of Receipts This Page (option	nal)	250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 2 / 4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	<u>-</u>	• •	
Full Name (Last, First, Middle Initial) Brian Caswell			Date of Receipt
Mailing Address 2303 Military Ave			
City Baxter Springs	State KS	Zip Code 66713-2324	Transaction ID: 20101201_00051 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00713-2324	150.00
Name of Employer Wolkar Drug Inc	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Charles R. Catalano			Date of Receipt
Mailing Address 5737 Main St			10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Flushing	State NY	Zip Code 11355-5332	Transaction ID: 20101105_00056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11000 0002	100.00
Name of Employer Worlds Fair Ltc Pharmacy	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Charles R. Catalano			Date of Receipt
Mailing Address 5737 Main St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Flushing	State NY	Zip Code	Transaction ID: 20101201_00052
FEC ID number of contributing federal political committee.	C	11355-5332	Amount of Each Receipt this Period
Name of Employer Worlds Fair Ltc Pharmacy	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (option	nal)		350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	I Statements may not be sold or used by any person the name and address of any political committee to ssociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Nolton W. Causey, Jr. Mailing Address 407 Bienville St City Natchitoches FEC ID number of contributing federal political committee. Name of Employer Causey's Pharmacy Inc Receipt For: Primary General	State Zip Code LA 71457-5702 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M Z 1 Z 0 1 0 Transaction ID: 20101105_00057 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Nolton W. Causey, Jr. Mailing Address 407 Bienville St City Natchitoches FEC ID number of contributing federal political committee. Name of Employer Causey's Pharmacy Inc	State Zip Code LA 71457-5702 C Occupation Owner/Manager	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:	Aggregate Year-to-Date ▼ 1000.00 State Zip Code UT 84520 C	Date of Receipt M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00058 Amount of Each Receipt this Period 25.00
Name of Employer Carbon Med Serv Pharmacy Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 275.00	225.00

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) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
National Community Pharmacists A	ssociation - PAC	
Full Name (Last, First, Middle Initial) Joyce Caviness		Date of Receipt
Mailing Address PO Box 879 City	State Zip Code	11 19 2010 2010
East Carbon	UT 84520	Transaction ID: 20101201_00054 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Carbon Med Serv Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Hugh M. Chancy		Date of Receipt
Mailing Address 205 E Main St		M M / D D / Y Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 20101105_00059
<u>Hahira</u>	GA 31632-1121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Chancy Drugs	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Hugh M. Chancy		Date of Receipt
Mailing Address 205 E Main St		11 / 19 / Y Y Y Y Y Y
City Hahira	State Zip Code	Transaction ID: 20101201_00055
FEC ID number of contributing federal political committee.	GA 31632-1121	Amount of Each Receipt this Period
Name of Employer Chancy Drugs	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receipts This Page (optional)	225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	nd Statements may not be sold or used by any perso g the name and address of any political committee to Association - PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Rick Chester Mailing Address 205 N Pacific Hwy		Date of Receipt
City Talent	State Zip Code OR 97540-9637	Transaction ID: 20101105_00060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Medicap Pharmacy Receipt For:	Occupation Owner/Manager	100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 1000.00	
Rick Chester Mailing Address 205 N Pacific Hwy City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Talent FEC ID number of contributing federal political committee.	OR 97540-9637	Amount of Each Receipt this Period
Name of Employer Medicap Pharmacy Receipt For:	Occupation Owner/Manager Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Barry Christensen Mailing Address 3526 Tongass Ave	s	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Ketchikan	State Zip Code AK 99901-5635	Transaction ID: 20101105_00061 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00
Island Pharmacy Receipt For: Primary General Other (specify) ▼	Owner/Manager Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (options	al)	300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 274 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	National Community Pharmacists Ass	sociation - PAC	
	Full Name (Last, First, Middle Initial) Barry Christensen		Date of Receipt
	Mailing Address 3526 Tongass Ave		11 1 19 2010
	City	State Zip Code	Transaction ID: 20101201_00057
	Ketchikan FEC ID number of contributing federal political committee.	AK 99901-5635	Amount of Each Receipt this Period 100.00
	Name of Employer Island Pharmacy	Occupation Outpor/Manager	
	Receipt For:	Owner/Manager Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1100.00	
	Full Name (Last, First, Middle Initial) Ellen M. Church		Date of Receipt
	Mailing Address 7036 Misty Meadow D	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 20101105_00062
	Fort Worth	TX 76133-7137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	465.00
	Name of Employer American Pharmaceutical	Occupation Pharmacist	
	Services Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	615.00	
	Full Name (Last, First, Middle Initial) David J. Cippel		Date of Receipt
	Mailing Address PO Box 151		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00063
	Ford City	PA 16226-0151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Klingensmith's Drug Store	Occupation President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00	
	UPTOTAL of Provints This Page (astissed)		615.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any persent the name and address of any political committee the special solution and special solution.	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David J. Cippel Mailing Address PO Box 151		Date of Receipt
City Ford City FEC ID number of contributing	State Zip Code PA 16226-0151	Transaction ID: 20101201_00058 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Johnny Hoyt Cleveland Mailing Address PO Box 52		Date of Receipt 10 21 2010
City Locust Fork FEC ID number of contributing federal political committee.	State Zip Code AL 35097-0052	Transaction ID: 20101105_00064 Amount of Each Receipt this Period 25.00
Name of Employer Locust Fork Pharmacy Lic Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) James E. Coast Mailing Address PO Box 911		Date of Receipt 1 0 2 1 2 0 1 0
City Cimarron FEC ID number of contributing federal political committee.	State Zip Code KS 67835	Transaction ID: 20101105_00065 Amount of Each Receipt this Period 416.66
Name of Employer Clark Pharmacy Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4583.26	
SUBTOTAL of Receipts This Page (optional	ı)	491.66

Ϊ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Ohadada	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) James E. Coast Mailing Address PO Box 911 109 W Kansas City Cimarron FEC ID number of contributing federal political committee. Name of Employer Clark Pharmacy Inc Receipt For: Primary General Other (specify)	State KS C Occupation Owner/M Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ B.	Full Name (Last, First, Middle Initial) Michael E. Coast Mailing Address PO Box 782 City Cimarron FEC ID number of contributing federal political committee. Name of Employer Coast Health Services Receipt For: Primary General Other (specify)	State KS C Occupation Pharmac Aggregate		Date of Receipt M M D D 2 1 2 0 1 0
_ C.	Full Name (Last, First, Middle Initial) Michael E. Coast Mailing Address PO Box 782 City Cimarron FEC ID number of contributing federal political committee. Name of Employer Coast Health Services Receipt For: Primary General Other (specify)	State KS C Occupation Pharmace Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe			616.66

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any personante name and address of any political committee to association - PAC	
Full Name (Last, First, Middle Initial) Alan B. Cohen Mailing Address 524 Brdway City Monticello FEC ID number of contributing federal political committee. Name of Employer The Family Drug Store Receipt For: Primary General Other (specify)	State Zip Code NY 12701-1154 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0
Full Name (Last, First, Middle Initial) Alan B. Cohen Mailing Address 524 Brdway City Monticello FEC ID number of contributing federal political committee. Name of Employer The Family Drug Store Receipt For: Primary General Other (specify)	State Zip Code NY 12701-1154 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dale Coker Mailing Address 2260 Holly Springs Ste 180 City Canton FEC ID number of contributing federal political committee. Name of Employer Cherokee Custom Script Receipt For: Primary General Other (specify)	State Zip Code GA 30115-9580 C Occupation Owner/Manager Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	,	150.00

SCHEDULE A (FEC ITEMIZED RECEIPT	Sh Reports and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page / not be sold or used by any personal committee for	FOR LINE NUMBER: PAGE 47 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In			o Sonor Contributions from Such Continues.
Full Name (Last, First, Middle A. Dale Coker Mailing Address 2260 Ho Ste 180	e Initial) Illy Springs Pkwy		Date of Receipt 1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00062
Canton	GA	30115-9580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ng C		50.00
Name of Employer Cherokee Custom Script	Occupation Owner/M		
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Gerry Colby	e Initial)		Date of Receipt
Mailing Address 1181 Wa			10 30 7 2010
City	State	Zip Code	Transaction ID: 20101105_00069
Grand Rapids	MI	49504-7404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ng C		365.00
Name of Employer Walker Street Pharmacy	Occupatio Owner/M		
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle C. Pamela R. Compton	e Initial)		Date of Receipt
Mailing Address PO Box	280		10 21 2010
City <u>Seneca</u>	State MO	Zip Code 64365	Transaction ID: 20101105_00070 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		25.00
Name of Employer Prater Pharmacy	Occupation Owner/M		
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This F	Page (optional)		440.00

ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48/2/4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - P	AC	
Full Name (Last, First, Middle Initial) Royce G. Cook, Jr.			Date of Receipt
Mailing Address 1050 Junction Hwy	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kerrville	State TX	Zip Code 78028-4902	Transaction ID: 20101105_00071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Kerrville Drug Company	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Royce G. Cook, Jr.			Date of Receipt
Mailing Address 1050 Junction Hwy	,		M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Kerrville	State TX	Zip Code 78028-4902	Transaction ID: 20101201_00063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 0000 1000	100.00
Name of Employer Kerrville Drug Company	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Lewis Cooper, Jr.			Date of Receipt
Mailing Address PO Box 668			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Vass	State NC	Zip Code 28394	Transaction ID: 20101105_00072 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	100.00
Name of Employer Coopers Pharmacy Inc	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			300.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any personal properties of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Cory Mailing Address 389 Stafford Rd City Fall River FEC ID number of contributing federal political committee. Name of Employer Standard Pharmacy Receipt For: Primary General Other (specify)	State Zip Code MA 02721-2556 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 20101105_00073 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Thomas Cory Mailing Address 389 Stafford Rd City Fall River FEC ID number of contributing federal political committee. Name of Employer Standard Pharmacy Receipt For: Primary General Other (specify)	State Zip Code MA 02721-2556 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M J D D J 2010 Transaction ID: 20101201_00064 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) John Coster Mailing Address 100 Daingerfield Rd City Alexandria FEC ID number of contributing federal political committee. Name of Employer National Community Pharmacists Associa Receipt For: Primary General Other (specify)	State Zip Code VA 22314 C Occupation Sr. VP Aggregate Year-to-Date ▼ 1280.00	Date of Receipt M M Z 1 Z 0 1 0 Transaction ID: 20101105_00074 Amount of Each Receipt this Period 120.00
SUBTOTAL of Receipts This Page (optional)		320.00

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)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A			
Full Name (Last, First, Middle Initial) John Coster			Date of Receipt
Mailing Address 100 Daingerfield Rd			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	1 1 1 9 2 0 1 0 Transaction ID: 20101201_00065
Alexandria	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer National Community Pharma- cists Associa	Occupatio Sr. VP	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1280.00	
Full Name (Last, First, Middle Initial) Charles D. Cottrell			Date of Receipt
Mailing Address 1121 Belleville Ave Ste A			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brewton	State AL	Zip Code 36426-1505	Transaction ID: 20101105_00075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.66
Name of Employer Medical Center Pharmacy	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 4583.26	
Full Name (Last, First, Middle Initial) Charles D. Cottrell			Date of Receipt
Mailing Address 1121 Belleville Ave Ste A			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brewton	State AL	Zip Code 36426-1505	Transaction ID: 20101201_00066
FEC ID number of contributing federal political committee.	C	30420-1303	Amount of Each Receipt this Period 416.66
Name of Employer Medical Center Pharmacy	Occupatio Owner/M		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	1'	e Year-to-Date ▼ 4583.26	
SUBTOTAL of Receipts This Page (optional			953.32

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 274 (check only one)
\	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Michael E. Coughlin			Date of Receipt
	Mailing Address 5828 Reeds Rd City Mission	State KS	Zip Code 66202-2740	Transaction ID: 2010105_00076 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer ScriptPro LLC Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
В.	Full Name (Last, First, Middle Initial) Michael E. Coughlin Mailing Address 5828 Reeds Rd	_		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State KS	Zip Code	Transaction ID: 20101201_00067
	Mission FEC ID number of contributing federal political committee.	C	66202-2740	Amount of Each Receipt this Period 100.00
	Name of Employer ScriptPro LLC	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1100.00	
_ С.	Full Name (Last, First, Middle Initial) Diana S. Courtney			Date of Receipt
	Mailing Address 1399 Southwest McV	ey Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lake Oswego	State OR	Zip Code 97034-6070	Transaction ID: 82EB9DEA432347ABFE
	FEC ID number of contributing federal political committee.	C	3/034-00/0	Amount of Each Receipt this Period 100.00
	Name of Employer Lake Shore Pharmacy	Occupatio Owner/M		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)			300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) Denise Cousins		Date of Receipt
	Mailing Address 4343 Main Ave	Chata Zin Coda	10 21 2010
	City Ashtabula	State Zip Code OH 44004-6852	Transaction ID: 20101105_00078 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Medicine Shoppe	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
_	Full Name (Last, First, Middle Initial) Denise Cousins		Date of Receipt
	Mailing Address 4343 Main Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 20101201_00068
	Ashtabula	OH 44004-6852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Medicine Shoppe	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
_	Full Name (Last, First, Middle Initial) Tommy Dagenhart		Date of Receipt
	Mailing Address 1918 Randolph Rd Ste 120		10 21 2010
	City Charlotte	State Zip Code NC 28207-1107	Transaction ID: 20101105_00080 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20207-1107	50.00
	Name of Employer Nalle Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Γ.	CURTOTAL of December This Page (antional)		150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 274 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe he name and address of any political committee	erson for the purpose of soliciting contributions
National Community Pharmacists A	ssociation - PAC	
Full Name (Last, First, Middle Initial) Tommy Dagenhart		Date of Receipt
Mailing Address 1918 Randolph Rd Ste 120		11 19 2010
City	State Zip Code	Transaction ID: 20101201_00070
Charlotte	NC 28207-1107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Nalle Pharmacy	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) David Darby		Date of Receipt
Mailing Address 301 E Three Notch S	St	M M / D D / Y Y Y Y Y 1 1 1 1 2 1 1 2 1 1 0 1 0
City	State Zip Code	Transaction ID: 20101105_00081
Andalusia	AL 36420-3124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Darby's Village Pharmacy, Inc.	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00	
Full Name (Last, First, Middle Initial) David Darby		Date of Receipt
Mailing Address 301 E Three Notch S	Dt .	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00071
Andalusia	AL 36420-3124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Darby's Village Pharmacy, Inc.	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00	
CURTOTAL of Descipts This Page (antional)		350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 274 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not not name and address	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists As	sociation - PAC		
	Full Name (Last, First, Middle Initial) Joe T. Daugherty			Date of Receipt
	Mailing Address PO Box 93 1365 Spur Drive -			10 21 2010
	City	State	Zip Code	Transaction ID: 20101105_00082
	Marshfield	MO	65706-0093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Stanleys Pharmacy	Occupation Owner/Man	ager	
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
	Full Name (Last, First, Middle Initial) Joe T. Daugherty			Date of Receipt
	Mailing Address PO Box 93 1365 Spur Drive -			M M / D D / Y Y Y Y Y Y 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101201_00072
	Marshfield	MO	65706-0093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Stanleys Pharmacy	Occupation Owner/Man	ager	
	Receipt For:	Aggregate Ye	ear-to-Date V	
	Primary General Other (specify) ▼	0 0 0	550.00	
_	Full Name (Last, First, Middle Initial) Rodolfo Davila, Jr.			Date of Receipt
	Mailing Address 1423 Guadalupe St Ste 108			10 21 2010
	City	State	Zip Code	Transaction ID: 20101105_00083
	San Antonio	TX	78207-5568	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Davila Pharmacy	Occupation Owner/Man	ager	
	Receipt For:	Aggregate Ye	ear-to-Date V	_
	Primary General Other (specify) ▼		1100.00	
Г		1		200.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to sussociation - PAC.	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	isocolation 1770	Duy (Purity
Mailing Address 1423 Guadalupe St Ste 108		Date of Receipt 1 0 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 20101105_00084
San Antonio	TX 78207-5568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Davila Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	
Full Name (Last, First, Middle Initial) Rodolfo Davila, Jr.		Date of Receipt
Mailing Address 1423 Guadalupe St Ste 108		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00073
San Antonio	TX 78207-5568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Davila Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Rodolfo Davila, III		Date of Receipt
Mailing Address 1423 Guadalupe St Ste 108		11 1 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>San Antonio</u>	State Zip Code TX 78207-5568	Transaction ID: 20101201_00074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer Davila Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	
SUBTOTAL of Receipts This Page (optional))	340.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 56 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold name and address of any	or used by any perso political committee to	
NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	ociation - PAC		
Full Name (Last, First, Middle Initial) Norman W. Davis			Date of Receipt
Mailing Address 1623 21st Ct			M M / D D / Y Y Y Y Y 1 Y 1 D D / Y 2 D D D / Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Coo		Transaction ID: 20101105_00085
Phenix City	AL 36867-	3727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Medical Park Pharmacy	Occupation Owner/Manager		
Receipt For:	Aggregate Year-to-Dat	e ▼	1
Primary General Other (specify) ▼		550.00	
Full Name (Last, First, Middle Initial) Norman W. Davis			Date of Receipt
Mailing Address 1623 21st Ct			M M / D D / Y Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City	State Zip Coo	de	Transaction ID: 20101201_00075
Phenix City	AL 36867-	3727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Medical Park Pharmacy	Occupation Owner/Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 550.00	
Full Name (Last, First, Middle Initial) Timothy J. Davis			Date of Receipt
Mailing Address 457 3rd St			10 21 2010
City	State Zip Coo	de	Transaction ID: 20101105_00086
Beaver	PA 15009		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Beaver Health Mart	Occupation Owner/Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 1400.00	
SUBTOTAL of Receipts This Page (optional))	200.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 274 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Timothy J. Davis Mailing Address 457 3rd St	S ASSOCIATION - 1 AC	Date of Receipt 1 1 1 9 2 0 1 0
City Beaver FEC ID number of contributing	State Zip Code PA 15009	Transaction ID: 20101201_00076 Amount of Each Receipt this Period 100.00
Name of Employer Beaver Health Mart Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 1400.00	
Full Name (Last, First, Middle Initial) John N. Debalko Mailing Address 322 S Hancock S	t	Date of Receipt 1 0 2 1 2 0 1 0
City McAdoo FEC ID number of contributing federal political committee.	State Zip Code PA 18237-1608 C	Transaction ID: 20101105_00087 Amount of Each Receipt this Period 100.00
Name of Employer Standard Drug Store Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) John N. Debalko Mailing Address 322 S Hancock S	t	Date of Receipt 1 1 1 9 2 0 1 0
City McAdoo FEC ID number of contributing federal political committee.	State Zip Code PA 18237-1608	Transaction ID: 20101201_00077 Amount of Each Receipt this Period 100.00
Name of Employer Standard Drug Store	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optic	nal)	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	nd Statements may not be sold or used by any person the name and address of any political committee to a Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Angelo DeFazio Mailing Address 500 Farmington Av City Hartford	/e State Zip Code CT 06105-3106	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Arrow Prescription Center Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 550.00	50.00
Full Name (Last, First, Middle Initial) Angelo DeFazio Mailing Address 500 Farmington Av City Hartford FEC ID number of contributing federal political committee. Name of Employer Arrow Prescription Center Receipt For: Primary General Other (specify)	State Zip Code CT 06105-3106 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert M. Defee Mailing Address PO Box 900 City Mc Bee FEC ID number of contributing federal political committee. Name of Employer Sandhills Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code SC 29101-0900 C Occupation Owner/Manager 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_00079 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (option	al)	200.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alan F. Defever Mailing Address 601 W 11th St City Coffeyville FEC ID number of contributing federal political committee. Name of Employer The Prescription Shop, In- C. Receipt For: Primary General Other (specify)	State KS C Occupatio Owner/M Aggregate		Date of Receipt M M
Full Name (Last, First, Middle Initial) Alan F. Defever Mailing Address 16328 Barton St City Olathe FEC ID number of contributing federal political committee. Name of Employer The Prescription Shop, Inc. C. Receipt For: Primary General Other (specify)	State KS C Occupatio Owner/M Aggregate		Date of Receipt M M J 19 2010 Transaction ID: 20101201_00080 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Johnette DeLeon Mailing Address PO Box 1139 City Taylor FEC ID number of contributing federal political committee. Name of Employer Pfennigs Prescription Pharmacy Receipt For: Primary General Other (specify)	State TX C Occupatio Owner/M Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			250.00

SCHEDULE A (FEC Form	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 2 / 4 (check only one)
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmaci		•	
Full Name (Last, First, Middle Initial) Johnette DeLeon			Date of Receipt
Mailing Address PO Box 1139			M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Taylor	State TX	Zip Code 76574-1139	Transaction ID: 20101201_00081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7.007.1.100	50.00
Name of Employer Prennigs Prescription Pha- rmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Kort H. Delost	I		Date of Receipt
Mailing Address 47 E 500 S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bountiful	State UT	Zip Code 84010-6227	Transaction ID: 20101105_00091 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0+010 0227	100.00
Name of Employer Medicine Shoppe Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	- t	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Kort H. Delost			Date of Receipt
Mailing Address 47 E 500 S			1 1 1 9 2 0 1 0
City Bountiful	State UT	Zip Code 84010-6227	Transaction ID: 20101201_00082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	04010-0221	100.00
Name of Employer Medicine Shoppe Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (op	tional)		250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61/2/4 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - PA	4C	
Full Name (Last, First, Middle Initial) David Devido			Date of Receipt
Mailing Address 6435 San Felipe St	i		M M / D D / Y Y Y Y Y 1 1 0 2 5 2 0 1 0
City Houston	State TX	Zip Code 77057-2705	Transaction ID: 20101105_00092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Briargrove Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Carmen A. Dicello			Date of Receipt
Mailing Address 1819 Mahantongo	St		M M / D D / Y Y Y Y Y 1 Y 1 1 0 1 0 1 0 1 0 1 0 1 0
City Pottsville	State PA	Zip Code 17901-3227	Transaction ID: 20101105_00093 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17301 0227	150.00
Name of Employer Towne Drugs, Inc.	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Carmen A. Dicello			Date of Receipt
Mailing Address 1819 Mahantongo	St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pottsville	State PA	Zip Code 17901-3227	Transaction ID: 20101201_00083
FEC ID number of contributing federal political committee.	C	17301-3227	Amount of Each Receipt this Period 150.00
Name of Employer Towne Drugs, Inc.	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional			1300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the Criccit of my one)
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements may not be sold or used by an ename and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) John F. DiMaggio		Date of Receipt
	Mailing Address 5208 Veterans Memo	orial Blvd	10 21 7 2010
	City Metairie	State Zip Code LA 70006	Transaction ID: 20101105_00094 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Patio Drugs	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	Full Name (Last, First, Middle Initial) John F. DiMaggio		Date of Receipt
	Mailing Address 5208 Veterans Memo	11 19 2010	
	City Metairie	State Zip Code LA 70006	Transaction ID: 20101201_00084
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer Patio Drugs	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550	0.00
	Full Name (Last, First, Middle Initial) John A. Dinkelaker		Date of Receipt
	Mailing Address 7717 Beechmont Ave	?	10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00095
	Cincinnati FEC ID number of contributing federal political committee.	OH 45255-4203	Amount of Each Receipt this Period 50.00
	Name of Employer Kunkel Pharmaceutical Inc	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	UBTOTAL of Receipts This Page (optional)	1	150.00

I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 274 (check only one) X
0	r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists As	sociation - PAC	
۷.	Full Name (Last, First, Middle Initial) John A. Dinkelaker		Date of Receipt
	Mailing Address 7717 Beechmont Ave		11 / 19 / 2010
	City	State Zip Code	Transaction ID: 20101201_00085
	Cincinnati FEC ID number of contributing federal political committee.	OH 45255-4203	Amount of Each Receipt this Period 50.00
	Name of Employer Kunkel Pharmaceutical Inc	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
_ 3.	Full Name (Last, First, Middle Initial) Michael Donohue		Date of Receipt
	Mailing Address 1407 NW 85th St	10 21 2010	
	City	State Zip Code	Transaction ID: 20101105_00096
	Seattle FEC ID number of contributing federal political committee.	WA 98117-4237	Amount of Each Receipt this Period 25.00
	Name of Employer Bob Johnsons Pharmacy Inc	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
_ >.	Full Name (Last, First, Middle Initial) Michael Donohue		Date of Receipt
	Mailing Address 1407 NW 85th St		1 1 1 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 20101201_00086
	Seattle FEC ID number of contributing federal political committee.	WA 98117-4237	Amount of Each Receipt this Period 25.00
	Name of Employer Bob Johnsons Pharmacy Inc	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
	SUBTOTAL of Receipts This Page (optional) .		100.00

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A			
Full Name (Last, First, Middle Initial) Lanny Doud			Date of Receipt
Mailing Address PO Box 24389			10 21 2010
City Rochester	State NY	Zip Code 14624-0389	Transaction ID: 20101105_00098 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14024 0000	50.00
Name of Employer Rochester Drug Cooperativ- e, Inc.	Occupatio Director	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Lanny Doud			Date of Receipt
Mailing Address PO Box 24389			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State NY	Zip Code 14624-0389	Transaction ID: 20101201_00087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Rochester Drug Cooperativ- e. Inc.	Occupatio Director	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Larry Doud			Date of Receipt
Mailing Address PO Box 24389			1 0 2 1 2 0 1 0
City Rochester	State NY	Zip Code 14624-0389	Transaction ID: 20101105_00097 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14024-0309	60.00
Name of Employer Rochester Drug Cooperativ- e, Inc.		ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2140.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		160.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 2 / 4 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Community Pharmacists	<u> </u>	• •	
Full Name (Last, First, Middle Initial) Larry Doud			Date of Receipt
Mailing Address PO Box 24389			1 1 0 3 2 0 1 0
City Rochester	State NY	Zip Code 14624-0389	Transaction ID: 20101201_00089 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Rochester Drug Cooperative e. Inc. Receipt For: Primary General		ecutive Officer e Year-to-Date 2140.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Larry Doud Mailing Address PO Box 24389	0 0		Date of Receipt
City	State	Zip Code	1 1 1 9 2 0 1 0 Transaction ID: 20101201_00088
Rochester FEC ID number of contributing federal political committee.	C	14624-0389	Amount of Each Receipt this Period 60.00
Name of Employer Rochester Drug Cooperativ- e, Inc.	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2140.00	
Full Name (Last, First, Middle Initial) Mark Doyle	I		Date of Receipt
Mailing Address PO Box 192			10 21 2010
City Centre Hall	State PA	Zip Code 16828-0192	Transaction ID: 20101105_00099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100000100	40.00
Name of Employer McLanahan Drug Store	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional	al)		600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may r he name and addre	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists As	ssociation - PAC	C	
Α.	Full Name (Last, First, Middle Initial) Mark Doyle			Date of Receipt
	Mailing Address PO Box 192			11 19 2010
	City <u>Centre Hall</u>	State PA	Zip Code 16828-0192	Transaction ID: 20101201_00090 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10020-0192	40.00
	Name of Employer McLanahan Drug Store	Occupation Owner/Ma	nager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 440.00	
В.	Full Name (Last, First, Middle Initial) William Drahushak, III Mailing Address 700 S Brady St			Date of Receipt
	City	State	Zip Code	1 0 2 1 2 0 1 0 Transaction ID: 20101105_00100
	<u>Du Bois</u>	PA	15801-1266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Dubois Drug & Wellness	Occupation Owner/Ma	nager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 550.00	1
- C.	Full Name (Last, First, Middle Initial) William Drahushak, III			Date of Receipt
	Mailing Address 700 S Brady St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20101201_00091
	Du Bois FEC ID number of contributing federal political committee.	C	15801-1266	Amount of Each Receipt this Period 50.00
	Name of Employer Dubois Drug & Wellness	Occupation Owner/Ma	nager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)			140.00
f	TOTAL This Period (last page this line number	er 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) X 11a 11b 11c 12
	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	ssociation - PAC	
Full Name (Last, First, Middle Initial) James E. Dunaway		Date of Receipt
Mailing Address 110 3rd St City	State Zip Code	Transaction ID: 20101105_00101
Henderson	KY 42420-2993	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dunaways Imperial Phcy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) James E. Dunaway		Date of Receipt
Mailing Address 110 3rd St		11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00092
Henderson	KY 42420-2993	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dunaways Imperial Phcy	Occupation Owner/Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	800.00	
Full Name (Last, First, Middle Initial) David H. Dunson		Date of Receipt
Mailing Address 99 Main Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00102
Northfork	WV 24868-0397	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Black Diamond Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	300.00

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any per the name and address of any political committee ssociation - PAC	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David H. Dunson Mailing Address 99 Main Street City Northfork FEC ID number of contributing federal political committee. Name of Employer Black Diamond Pharmacy Receipt For: Primary General	State Zip Code WV 24868-0397 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Julie L. Ehemann Mailing Address 5495 Salem Ave City Dayton FEC ID number of contributing federal political committee.	State Zip Code OH 45426	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Cub Pharmacy Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Glenn Eldridge	Occupation Pharmacist Aggregate Year-to-Date 950.00	Date of Receipt
Mailing Address 675 Patrick PI Ste F City Brownsburg FEC ID number of contributing federal political committee. Name of Employer Grandview Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IN 46112-2110 C Occupation Owner/Manager Aggregate Year-to-Date 800.00	Transaction ID: 20101105_00103 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		250.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any personant the name and address of any political committee to association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Glenn Eldridge Mailing Address 675 Patrick Pl		Date of Receipt
City Brownsburg FEC ID number of contributing	State Zip Code IN 46112	Transaction ID: 20101201_00095 Amount of Each Receipt this Period 100.00
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 800.00]
Full Name (Last, First, Middle Initial) Roy E. Elsner Mailing Address 446 Trescartes Unit 9 City Spring Creek	State Zip Code NV 89815-9730	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer The Pill Box Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 700.00	100.00
Full Name (Last, First, Middle Initial) Roy E. Elsner Mailing Address 446 Trescartes Unit 9 City Spring Creek FEC ID number of contributing	State Zip Code NV 89815-9730	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 700.00]
SUBTOTAL of Receipts This Page (optional)	300.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(Crieck offly offe)
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any sing the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacis		
Full Name (Last, First, Middle Initial) Tom Engel		Date of Receipt
Mailing Address 1536 N 115th St Ste 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seattle	State Zip Code WA 98133-8411	Transaction ID: 20101105_00106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Northwest Prescription And Medical Sup Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.0	0 .
Full Name (Last, First, Middle Initial) Tom Engel Mailing Address 1536 N 115th St Ste 100		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00097
Seattle FEC ID number of contributing federal political committee.	WA 98133-8411	Amount of Each Receipt this Period 100.00
Name of Employer Northwest Prescription And Medical Sup Receipt For: Primary General	Occupation Owner/Manager Aggregate Year-to-Date ▼ 1100.0	0
Other (specify) ▼ Full Name (Last, First, Middle Initial)		
Arthur Boyd Ennis, Jr. Mailing Address 140 Montevallo I	_n	Date of Receipt 1 0 2 1 2 0 1 0
City Mountain Brk	State Zip Code AL 35213	Transaction ID: 20101105_00107
FEC ID number of contributing federal political committee.	C 33213	Amount of Each Receipt this Period 470.00
Name of Employer Payless Drugs	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4530.0	0
SUBTOTAL of Receipts This Page (opti	onal)	670.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16
or f	r information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
- I \	National Community Pharmacists As	sociation - PA	AC	
• ,	Full Name (Last, First, Middle Initial) Arthur Boyd Ennis, Jr. Mailing Address 140 Montevallo I n			Date of Receipt
				11 19 2010
	City Mountain Brk	State AL	Zip Code 35213	Transaction ID: 20101201_00098 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		470.00
	Name of Employer Payless Drugs	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4530.00	
	Full Name (Last, First, Middle Initial) Randy . Epley			Date of Receipt
•	Mailing Address 208 Avery Ave			10 21 2010
	City	State	Zip Code	Transaction ID: 20101105_00108
	Morganton	NC	28655-3103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
•	Name of Employer Jones Health Mart Pharmacy	Occupation Owner/M		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	550.00	
	Full Name (Last, First, Middle Initial) Randy . Epley	1		Date of Receipt
	Mailing Address 208 Avery Ave			1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101201_00099
	Morganton FEC ID number of contributing federal political committee.	C	28655-3103	Amount of Each Receipt this Period 50.00
•	Name of Employer Jones Health Mart Pharmacy	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ♥		Year-to-Date ▼ 550.00	
	JBTOTAL of Receipts This Page (optional) .			570.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any persone name and address of any political committee to association - PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lisa Faast Mailing Address 3400 Calloway Dr Ste 701 City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Faast Pharmacy	State Zip Code CA 93312 C Occupation Owner/Manager	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00109 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lisa Faast	Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Mailing Address 3400 Calloway Dr Ste 701 City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Faast Pharmacy Receipt For: Primary General Other (specify) ▼	State Zip Code CA 93312 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Transaction ID: 20101201_00100 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Michael Fapore Mailing Address 131 S Pleasant Ave City Somerset FEC ID number of contributing federal political committee. Name of Employer Medicine Shoppe Pharmacy Receipt For: Primary General Other (specify)	State Zip Code PA 15501-2189 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y 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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 73 / 274 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and address of an	d or used by any perso y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Fapore Mailing Address 131 S Pleasant Ave City Somerset FEC ID number of contributing federal political committee. Name of Employer Medicine Shoppe Pharmacy Receipt For: Primary General Other (specify)	State Zip Cop PA 1550 C Occupation Owner/Manager Aggregate Year-to-Date	1-2189 ate ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Garland Bruce Faulkenberg Mailing Address 400 Main St City Rockport FEC ID number of contributing federal political committee. Name of Employer Rockport Pharmacy Receipt For: Primary General Other (specify)	State Zip Co IN 47638 C Occupation Owner/Manager Aggregate Year-to-Da	5	Date of Receipt M M Z 1 Z 1 Z 2 0 1 0 Transaction ID: 20101105_00111 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Garland Bruce Faulkenberg Mailing Address 400 Main St City Rockport FEC ID number of contributing federal political committee. Name of Employer Rockport Pharmacy Receipt For: Primary General	State Zip Co IN 47638 C Occupation Owner/Manager Aggregate Year-to-Da	5 ate ▼	Date of Receipt M M / D 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
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .		450.00	150.00

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 274 (check only one) X 11a
or for commercial purpo NAME OF COMMIT	ses, other than using the name and	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Gregory Ferraro Mailing Address 3! City Mount Kisco FEC ID number of confederal political common Name of Employer Robert Jacobson Supharmacy Receipt For: Primary	State NY Ontributing nittee. C Occup Owne	10549	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First Marc E. Finke Mailing Address 20 City Drexel FEC ID number of control of the control of	ot, Middle Initial) O3 E Main St State MO	365.00 e Zip Code 64742-0407	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Drexel Pharmacy Receipt For: Primary Other (specify)	Occup Owne General	pation er/Manager egate Year-to-Date ▼ 550.00	50.00
City Drexel FEC ID number of confederal political comm	O3 E Main St State MO contributing nittee.	64742-0407	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Drexel Pharmacy Receipt For: Primary Other (specify)	General Aggre	pation er/Manager egate Year-to-Date ▼ 550.00]
SUBTOTAL of Receipt	s This Page (optional)		465.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any persor the name and address of any political committee to s association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer Taylor Fix Mailing Address 3183 Denton Hwy Ste A City Haltom City FEC ID number of contributing federal political committee. Name of Employer Jen Care Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 76117-3293 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt 10 21 2010 Transaction ID: 20101105_00114 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Jennifer Taylor Fix Mailing Address 3183 Denton Hwy Ste A City Haltom City FEC ID number of contributing federal political committee. Name of Employer Jen Care Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 76117-3293 C Occupation Owner/Manager Aggregate Year-to-Date 275.00	Date of Receipt M M M 1 1 9 2 0 1 0 Transaction ID: 20101201_00104 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Gene Forrester Mailing Address 1001 W Brdway City Columbia FEC ID number of contributing federal political committee. Name of Employer D & H Prescription Drug Co., Inc. Receipt For: Primary General Other (specify)	State Zip Code MO 65203-2121 C Occupation Owner/Manager Aggregate Year-to-Date 800.00	Date of Receipt M M J D D J Z 1 Z 0 1 0 Transaction ID: 20101105_00115 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	100.00

SCHEDULE A (FEC FO	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 274 (check only one) X 11a
Any information copied from such F or for commercial purposes, other the NAME OF COMMITTEE (In Ful National Community Pharm	nan using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Inigene Forrester Mailing Address 1001 W Brock City Columbia FEC ID number of contributing federal political committee. Name of Employer D & H Prescription Drug Co., Inc. Receipt For: Primary General Other (specify)	State MO C Occupat Owner/	Zip Code 65203-2121 ion Manager tte Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Interpretation Terry Forshee Mailing Address 2850 Wests Ste A City Cleveland FEC ID number of contributing federal political committee. Name of Employer Cherokee Pharmacy & Med Supply Receipt For: Primary General Other (specify)	State TN C Occupat Preside		Date of Receipt M
Full Name (Last, First, Middle Initerry Forshee Mailing Address 2850 Wests Ste A City Cleveland FEC ID number of contributing federal political committee. Name of Employer Cherokee Pharmacy & Med Supply Receipt For: Primary General Other (specify)	State TN C Occupat Preside		Date of Receipt M M M
SUBTOTAL of Receipts This Page	e (optional)		250.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Lles concrete cobodule(s)	FOR LINE NUMBER: PAGE 77 / 274
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
II EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Community Pharmacists Ass	sociation - P	AC	
Full Name (Last, First, Middle Initial) Lisa A. Fowler			Date of Receipt
Mailing Address 107 S West St # 493			10 30 2010
City	State	Zip Code	Transaction ID: 20101105_00117
Alexandria	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer National Community Pharma- cists Associa	Occupatio Director	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		205.00	1
Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Robert B. Frankil	•		Date of Receipt
Mailing Address PO Box 197			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00118
Skippack	PA	19474	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Skippack Pharmacy	Occupatio Owner/M		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)	0 0	1100.00]
Full Name (Last, First, Middle Initial) Robert B. Frankil			Date of Receipt
Mailing Address PO Box 197			1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00107
Skippack	PA	19474	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Skippack Pharmacy	Occupatio Owner/M		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	00 1911	1100.00]
SUBTOTAL of Receipts This Page (optional)			565.00
SOBTOTAL of necelpts This Page (optional)			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any persor g the name and address of any political committee to s Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elmer Frech Mailing Address 623 W Main St City Henryetta FEC ID number of contributing federal political committee. Name of Employer Okemah Pharmacy	State Zip Code OK 74437-4245 C Occupation Owner/Manager	Date of Receipt M M M / D D D / Y Y Y Y Y 1 1 1 0 3 2 2010 Transaction ID: 20101201_00108 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ira N. Freeman Mailing Address 12660 Riverside D Ste 100 City Valley Village FEC ID number of contributing federal political committee. Name of Employer Key Pharmacy Receipt For: Primary Other (specify)	State Zip Code CA 91607-3430 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 20101105_00119 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Ira N. Freeman Mailing Address 12660 Riverside D Ste 100 City Valley Village FEC ID number of contributing federal political committee. Name of Employer Key Pharmacy Receipt For: Primary General Other (specify)	State Zip Code CA 91607-3430 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M / D D D / Y Y Y Y Y 1 1 1 20101201_00109 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (option	al)	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 274 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	g the name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas E. Fuller Mailing Address PO Box 1109 223 N Main Street City	State	Zip Code	Date of Receipt 1 1 9 2 0 1 0 Transaction ID: 20101201_00110
Marion FEC ID number of contributing federal political committee.	SC	29571-3025	Amount of Each Receipt this Period 50.00
Name of Employer Professional Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Mana Aggregate Ye]
Full Name (Last, First, Middle Initial) David Fulton, Jr. Mailing Address 236 N Market St	'		Date of Receipt 1 0 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: 20101105_00120
Frederick FEC ID number of contributing federal political committee.	C	21701	Amount of Each Receipt this Period 100.00
Name of Employer Whitesells Pharmacy	Occupation Owner/Mana	ager	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) David Fulton, Jr.			Date of Receipt
Mailing Address 236 N Market St			1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00111
Frederick FEC ID number of contributing federal political committee.	C	21701	Amount of Each Receipt this Period 100.00
Name of Employer Whitesells Pharmacy	Occupation Owner/Mana	ager	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (option	al)		250.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Asset	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
/ / Hational Community i marmacioto / 100		
Full Name (Last, First, Middle Initial) Douglas L. Funk Mailing Address 1020 Elmhurst Blvd City Concordia FEC ID number of contributing federal political committee. Name of Employer Funk Pharmacy Receipt For: Primary General Other (specify)	State Zip Code KS 66901 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Douglas L. Funk Mailing Address 1020 Elmhurst Blvd City Concordia FEC ID number of contributing federal political committee. Name of Employer Funk Pharmacy Receipt For: Primary General Other (specify)	State Zip Code KS 66901 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M J D D J 2 0 1 0 Transaction ID: 20101201_00112 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) William R. Futrell, Jr. Mailing Address 124 N Main St City Rich Square FEC ID number of contributing federal political committee. Name of Employer Futrell Pharmacy Services Receipt For: Primary General Other (specify)	State Zip Code NC 27869 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(check only one)
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William R. Futrell, Jr. Mailing Address 124 N Main St		Date of Receipt 1 1 1 9 2 0 1 0
City Rich Square FEC ID number of contributing federal political committee.	State Zip Code NC 27869	Transaction ID: 20101201_00113 Amount of Each Receipt this Period 50.00
Name of Employer Futrell Pharmacy Services Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 550.0	00
Full Name (Last, First, Middle Initial) Leon Galehouse, III Mailing Address 1015 S Hackett Rd Ste 300 City Waterloo	State Zip Code IA 50701-3500	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Amicare Pharmacy Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 270.0	30.00
Full Name (Last, First, Middle Initial) Leon Galehouse, III Mailing Address 1015 S Hackett Rd Ste 300	1	Date of Receipt M
City Waterloo FEC ID number of contributing federal political committee.	State Zip Code IA 50701-3500	Amount of Each Receipt this Period 30.00
Name of Employer Amicare Pharmacy Inc Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 270.0	00
SUBTOTAL of Receipts This Page (optional	J	110.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any pers le name and address of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rick Gallaher Mailing Address 804 Ridgeway Ave City Signal Mountain FEC ID number of contributing federal political committee. Name of Employer Signal Mountain Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TN 37377-3065 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Rick Gallaher Mailing Address 804 Ridgeway Ave City Signal Mountain FEC ID number of contributing federal political committee.	State Zip Code TN 37377-3065	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Signal Mountain Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 550.00]
Full Name (Last, First, Middle Initial) Paresh Gandhi Mailing Address 980 S Orange Ave City Newark	State Zip Code NJ 07106-1714	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 6 2 0 1 0 Transaction ID: 26B705B8B6C5334EA Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Weisbrods Pharmacy LLC	Occupation Pharmacist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·····	600.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) lational Community Pharmacists Asso	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>C</u> M	ull Name (Last, First, Middle Initial) heryl L. Garvin lailing Address 36 Catoctin Cir SE Ste C ity eesburg EC ID number of contributing ideral political committee. ame of Employer eesburg Pharmacy, Inc. eceipt For: Primary General Other (specify) ▼	State VA C Occupation President Aggregate		Date of Receipt 10 21 2010 Transaction ID: 20101105_00125 Amount of Each Receipt this Period 100.00
B. C M	ull Name (Last, First, Middle Initial) heryl L. Garvin lailing Address 36 Catoctin Cir SE Ste C ity eesburg EC ID number of contributing ideral political committee. ame of Employer eesburg Pharmacy, Inc. eceipt For: Primary General Other (specify)	State VA C Occupation President Aggregate		Date of Receipt M M 19
C. EIM M	ull Name (Last, First, Middle Initial) rnesto F Garza-Gongora lailing Address 18866 Stone Oak Pkwy Ste 101 ity lan Antonio EC ID number of contributing ideral political committee. ame of Employer tone Oak Pharmacy eceipt For: Primary General Other (specify)	State TX C Occupation Owner/M		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUE	BTOTAL of Receipts This Page (optional)			250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 274 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ernesto F Garza-Gongora Mailing Address 18866 Stone Oak P Ste 101 City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78258	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Stone Oak Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 450.00	
Full Name (Last, First, Middle Initial) Elizabeth Ann Gentry Mailing Address 203 N 2nd St City Central City FEC ID number of contributing federal political committee. Name of Employer Central City Clinic Pharmacy Receipt For: Primary General Other (specify)	State Zip Code KY 42330-1496 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Elizabeth Ann Gentry Mailing Address 203 N 2nd St City Central City FEC ID number of contributing federal political committee. Name of Employer Central City Clinic Pharmacy Receipt For: Primary General Other (specify)	State Zip Code KY 42330-1496 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) >	150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 274 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kerry W. Gerdes Mailing Address 245 Main St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Conneaut FEC ID number of contributing federal political committee.	State Zip Code OH 44030-2653	Transaction ID: 20101105_00128 Amount of Each Receipt this Period 50.00
Name of Employer Gerdes Pharmacy Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 550.00	
Full Name (Last, First, Middle Initial) Kerry W. Gerdes Mailing Address 245 Main St		Date of Receipt 1 1 1 9 2 0 1 0
City Conneaut FEC ID number of contributing federal political committee.	State Zip Code OH 44030-2653 C	Transaction ID: 20101201_00119 Amount of Each Receipt this Period 50.00
Name of Employer Gerdes Pharmacy Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 550.00	
Full Name (Last, First, Middle Initial) Michael Gilfillan Mailing Address 105 Main St		Date of Receipt
City Bar Harbor FEC ID number of contributing federal political committee.	State Zip Code ME 04609-1844	Transaction ID: 21
Name of Employer West End Drug Company Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 275.00	
SUBTOTAL of Receipts This Page (optional	J)	125.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 274 (check only one) X 11a
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	tatements may not be sold or used by any personame and address of any political committee to ociation - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Michael Gilfillan Mailing Address 105 Main St City Bar Harbor FEC ID number of contributing federal political committee. Name of Employer West End Drug Company Receipt For:	State Zip Code ME 04609-1844 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M
 3.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) R. George Gillman Mailing Address 480 Main St	275.00	Date of Receipt
	City Brookville FEC ID number of contributing federal political committee. Name of Employer George's Family Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code IN 47012-1406 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Transaction ID: 20101105_00130 Amount of Each Receipt this Period 100.00
_	Full Name (Last, First, Middle Initial) R. George Gillman Mailing Address 480 Main St City Brookville FEC ID number of contributing federal political committee.	State Zip Code IN 47012-1406	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00121 Amount of Each Receipt this Period 100.00
	Name of Employer George's Family Pharmacy Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	
s	UBTOTAL of Receipts This Page (optional)		225.00

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists A	ssociation - PAC	
	Full Name (Last, First, Middle Initial) Stephen L. Giroux		Date of Receipt
	Mailing Address PO Box 188		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00131
	Middleport	NY 14105-0188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.66
	Name of Employer Middleport Family Health Center	Occupation Owner/Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	4583.26	
_	Full Name (Last, First, Middle Initial) Stephen L. Giroux		Date of Receipt
	Mailing Address PO Box 188		1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 20101201_00122
	Middleport	NY 14105-0188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.66
	Name of Employer Middleport Family Health Center	Occupation Owner/Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	4583.26	
_	Full Name (Last, First, Middle Initial) Gary Glisson		Date of Receipt
	Mailing Address PO Box 400		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00132
	Nashville	NC 27856-0400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Ward Drug Company of Nash- ville	Occupation Owner/Manager	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1100.00	
Г			933.32

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 274 (check only one) X 11a
or for	formation copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ational Community Pharmacists As	sociation - P	AC	
. <u>G</u> a	Il Name (Last, First, Middle Initial) ry Glisson alling Address PO Box 400			Date of Receipt
	5	Olate	7'- 0-4-	11 19 2010
Cit <u>Na</u>	y ashville	State NC	Zip Code 27856-0400	Transaction ID: 20101201_00123 Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		100.00
Na W vill	me of Employer ard Drug Company of Nash- e	Occupatio Owner/M		
	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	
Ric	II Name (Last, First, Middle Initial) cky G. Gonzalez	<u> </u>		Date of Receipt
Ma	ailing Address 1342 Fair Ave	10 21 2010		
Cit	•	State	Zip Code	Transaction ID: 20101105_00133
FE	an Antonio C ID number of contributing deral political committee.	C	78223-1438	Amount of Each Receipt this Period 150.00
Na Me	me of Employer edical Center Pharmacy	Occupatio Presiden		
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1350.00	
	ll Name (Last, First, Middle Initial) cky G. Gonzalez			Date of Receipt
Ma	ailing Address 1342 Fair Ave			11 19 2010
Cit	•	State	Zip Code	Transaction ID: 20101201_00124
FE	an Antonio C ID number of contributing deral political committee.	C	78223-1438	Amount of Each Receipt this Period 150.00
Na Me	me of Employer edical Center Pharmacy	Occupatio Presiden		
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1350.00	
	TOTAL of Receipts This Page (optional)			400.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Eric L. Graf Mailing Address 8614 Hartman Rd City Wadsworth FEC ID number of contributing federal political committee. Name of Employer Ritzman Pharmacies, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 44281-9404 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 10 / 21 / 2010 Transaction ID: 20101105_00134 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Eric L. Graf Mailing Address 8614 Hartman Rd City Wadsworth FEC ID number of contributing federal political committee. Name of Employer Ritzman Pharmacies, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 44281-9404 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) David B. Graves Mailing Address 770 Pine St Ste 100 City Macon FEC ID number of contributing federal political committee. Name of Employer Graves Pharmacy Receipt For: Primary General Other (specify)	State Zip Code GA 31201-7565 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 700.00	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 274 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	nd Statements may not be sold or used by any perso the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David B. Graves Mailing Address 770 Pine St		Date of Receipt
Ste 100 City Macon FEC ID number of contributing	State Zip Code GA 31201-7565	Transaction ID: 20101201_00126 Amount of Each Receipt this Period 100.00
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 700.00	
Full Name (Last, First, Middle Initial) Dean Graziano Mailing Address 877 Main St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Belford FEC ID number of contributing federal political committee.	State Zip Code NJ 07718-2001	Transaction ID: 20101105_00136 Amount of Each Receipt this Period 50.00
Name of Employer Middletown Pharmacy & Medical Equipmen Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Dean Graziano Mailing Address 877 Main St	'	Date of Receipt
City Belford FEC ID number of contributing federal political committee.	State Zip Code NJ 07718-2001	Transaction ID: 20101201_00127 Amount of Each Receipt this Period 50.00
Name of Employer Middletown Pharmacy & Medical Equipmen Receipt For: Primary Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 350.00	
SUBTOTAL of Receipts This Page (optional	al)	200.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Robert Greenwood Mailing Address 224 Byron Ave City Waterloo FEC ID number of contributing federal political committee. Name of Employer Greenwood Drug, Inc.	State IA C Occupatio Owner/M		Date of Receipt M M M / 21 / 2010 Transaction ID: 20101105_00137 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00]
Full Name (Last, First, Middle Initial) Robert Greenwood Mailing Address 224 Byron Ave City Waterloo FEC ID number of contributing federal political committee. Name of Employer Greenwood Drug, Inc. Receipt For: Primary General Other (specify)	State IA C Occupatio Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00128 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Bobby Gregg Mailing Address 511 Asheville Hwy City Greeneville FEC ID number of contributing federal political committee. Name of Employer Atchley Drug Center Inc Receipt For: Primary General Other (specify)	State TN C Occupatio Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			600.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Bobby Gregg Mailing Address 511 Asheville Hwy City Greeneville FEC ID number of contributing federal political committee. Name of Employer Atchley Drug Center Inc Receipt For:	State TN C Occupatio Owner/M		Date of Receipt 1 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00129 Amount of Each Receipt this Period 100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John C. Griffin	Aggregate	1000.00	Date of Receipt
Mailing Address 13907 High Rd City Mabelvale FEC ID number of contributing federal political committee. Name of Employer Shannon Hills Pharmacy Receipt For: Primary General Other (specify) ▼	State AR C Occupatio Owner/M Aggregate		Transaction ID: 20101105_00139 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) John C. Griffin Mailing Address 13907 High Rd City Mabelvale FEC ID number of contributing federal political committee. Name of Employer Shannon Hills Pharmacy Receipt For: Primary General Other (specify)	State AR C Occupatio Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 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

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny incimation copied from such reports and corr for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Don Grove, Jr. Mailing Address PO Box 1599 City Warsaw FEC ID number of contributing federal political committee. Name of Employer J And D Truecare Pharmacy Receipt For: Primary General Other (specify)	State MO C Occupation Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Don Grove, Jr. Mailing Address PO Box 1599 City Warsaw FEC ID number of contributing federal political committee. Name of Employer J And D Truecare Pharmacy Receipt For: Primary General Other (specify)	State MO C Occupation Owner/M Aggregate		Date of Receipt M M / D D / Y 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 FEC ID number of contributing federal political committee. Name of Employer Medicine Shoppe Receipt For: Primary General Other (specify)	State TX C Occupation Owner/M Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
┝	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			200.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	tion copied from such Reports and Sta ercial purposes, other than using the of F COMMITTEE (In Full) al Community Pharmacists Asso	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Amber Ha Mailing A City Empori FEC ID r federal po Name of The Med Receipt F	a number of contributing olitical committee. Employer licine Shoppe	State KS C Occupation Pharmac Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amber Ha Mailing A City Empori FEC ID r federal pr Name of The Med Receipt F	a 2715 Candlewood Dr the Medicine Shoppe # a number of contributing olitical committee. Employer licine Shoppe	State KS C Occupation Pharmace		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00132 Amount of Each Receipt this Period 50.00
City Nauvoo FEC ID r federal po Name of Nauvoo F Receipt F	number of contributing olitical committee. Employer Pharmacy	State IL C Occupation Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTA	L of Receipts This Page (optional)			150.00

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Luann Haas Mailing Address 1350 Mulholland St City Nauvoo FEC ID number of contributing federal political committee. Name of Employer Nauvoo Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IL 62354 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / 19 2010 Transaction ID: 20101201_00133 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Paul F. Hackett Mailing Address 101 Pleasant St City South Weymouth FEC ID number of contributing federal political committee. Name of Employer Oldens Pharmacy Receipt For: Primary General Other (specify)	State Zip Code MA 02190-2400 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul F. Hackett Mailing Address 101 Pleasant St City South Weymouth FEC ID number of contributing federal political committee. Name of Employer Oldens Pharmacy Receipt For: Primary General Other (specify)	State Zip Code MA 02190-2400 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / 19 / 2010 Transaction ID: 20101201_00134 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		150.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John Hagood Mailing Address 102 N Main St City Medicine Lodge FEC ID number of contributing federal political committee. Name of Employer Hibbards Prescriptions Plus	State KS C		Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00145 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 750.00	
John Hagood Mailing Address 102 N Main St City Medicine Lodge FEC ID number of contributing federal political committee. Name of Employer Hibbards Prescriptions Plus Receipt For: Primary General Other (specify)	State KS C Occupatio Owner/M Aggregate		Date of Receipt M M J 19 2010 Transaction ID: 20101201_00135 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Travis Scott Hall Mailing Address 700 W Pine St City Mount Airy FEC ID number of contributing federal political committee. Name of Employer Mt Airy Drug Health Mart Receipt For: Primary General Other (specify)	State NC C Occupatio Owner/M Aggregate		Date of Receipt M M M 21 21 2010 Transaction ID: 20101105_00146 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Applied from such Reports of	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 274 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any person the name and address of any political committee to see Association - PAC	of the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Travis Scott Hall		Date of Receipt
Mailing Address 700 W Pine St		1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 20101201_00136
Mount Airy FEC ID number of contributing federal political committee.	NC 27030-4442	Amount of Each Receipt this Period 50.00
Name of Employer Mt Airy Drug Health Mart	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Larry Halper		Date of Receipt
Mailing Address 201 City Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Merion Station	State Zip Code PA 19066-1803	Transaction ID: 20101105_00147
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer Dakes Drug Store	Occupation Owner/Manager	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Larry Halper		Date of Receipt
Mailing Address 201 City Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marian Station	State Zip Code	Transaction ID: 20101201_00137
Merion Station FEC ID number of contributing federal political committee.	PA 19066-1803	Amount of Each Receipt this Period 60.00
Name of Employer Dakes Drug Store	Occupation Owner/Manager	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
SUBTOTAL of Receipts This Page (optional	l l)	170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 98 / 274 (check only one)
TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - PA	AC	
Full Name (Last, First, Middle Initial) Eric J. Hamik			Date of Receipt
Mailing Address 3611 2nd Ave			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00148
Kearney	NE	68847-8104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer U Save Pharmacy	Occupation Owner/M		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	riggiogalo	1100.00	
Full Name (Last, First, Middle Initial) Eric J. Hamik			Date of Receipt
Mailing Address 3611 2nd Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00138
<u>Kearney</u>	NE	68847-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer U Save Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Joseph H. Harmison			Date of Receipt
Mailing Address PO Box 152643			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101105_00149
Arlington	TX	76015-8643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer DFW Prescriptions Inc	Occupation Owner/M		
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	0 0	1650.00	
SUBTOTAL of Receipts This Page (optional	1		350.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	sociation - PAC	
	Full Name (Last, First, Middle Initial) Joseph H. Harmison		Date of Receipt
	Mailing Address PO Box 152643		11 19 2010
	City	State Zip Code TX 76015-8643	Transaction ID: 20101201_00139
	Arlington FEC ID number of contributing federal political committee.	TX 76015-8643	Amount of Each Receipt this Period 150.00
	Name of Employer DFW Prescriptions Inc	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1650.00	
	Full Name (Last, First, Middle Initial) Craig Harmon		Date of Receipt
	Mailing Address PO Box 758		10 21 YYYY 2010
	City	State Zip Code	Transaction ID: 20101105_00150
	Chapin	SC 29036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Chapin Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
_	Full Name (Last, First, Middle Initial) Craig Harmon	I	Date of Receipt
	Mailing Address PO Box 758		11 19 2010
	City	State Zip Code	Transaction ID: 20101201_00140
	Chapin	SC 29036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Chapin Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional) .		350.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	*tatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 274 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Jeffrey Shane Harrell Mailing Address PO Box B City Ilwaco	State WA	Zip Code 98624	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Ilwaco Drugs Receipt For: Primary General Other (specify) ▼	Occupation Owner/M Aggregate		
В.	Full Name (Last, First, Middle Initial) Brad N. Harth Mailing Address 1134 Washington St	•		Date of Receipt
	City	State	Zip Code	Transaction ID: 20101105_00151
	Tell City FEC ID number of contributing federal political committee.	C	47586-1827	Amount of Each Receipt this Period
	Name of Employer Werner Drug Store Receipt For: Primary General Other (specify)	Occupation Owner/M Aggregate		1
– C.	Full Name (Last, First, Middle Initial) Brad N. Harth Mailing Address 1134 Washington St			Date of Receipt
	City	State	Zip Code	1 1 1 9 2 0 1 0 Transaction ID: 20101201_00142
	Tell City FEC ID number of contributing federal political committee.	C	47586-1827	Amount of Each Receipt this Period 100.00
	Name of Employer Werner Drug Store	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)	1		300.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the Class C
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bentley F. Hawley Mailing Address PO Box 4474 City Odessa FEC ID number of contributing federal political committee. Name of Employer Evans Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 79760-4474 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M Z 1 Z 1 Z 0 1 0 Transaction ID: 20101105_00152 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Bentley F. Hawley Mailing Address PO Box 4474 City Odessa FEC ID number of contributing federal political committee. Name of Employer Evans Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 79760-4474 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ron E. Hemberry Mailing Address 13040 Highway 12 City Orofino FEC ID number of contributing federal political committee. Name of Employer Northwest Value Receipt For: Primary General Other (specify)	State Zip Code ID 83544-2524 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		200.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ron E. Hemberry Mailing Address 13040 Highway 12 City Orofino FEC ID number of contributing federal political committee. Name of Employer Northwest Value Receipt For: Primary General	State ID C Occupation Owner/M Aggregate		Date of Receipt M 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
Other (specify) ▼ Full Name (Last, First, Middle Initial) Cliff Hemingway Mailing Address 3330 Monroe Rd City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28205-7733	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Stanley Apothecary Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Cliff Hemingway Mailing Address 3330 Monroe Rd	Occupation Owner/M Aggregate		Date of Receipt
Mailing Address 3330 Monroe Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Stanley Apothecary Receipt For: Primary General Other (specify) ▼	State NC C Occupation Owner/M Aggregate		Transaction ID: 20101201_00145 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional))		300.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any perse name and address of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Holly W. Henry Mailing Address 7317 35th Ave NE City Seattle FEC ID number of contributing federal political committee. Name of Employer Rxtra Care Pharmacy View Ridge Receipt For: Primary General Other (specify)	State Zip Code WA 98115-5918 C Occupation President & CEO Aggregate Year-to-Date ▼ 1650.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Holly W. Henry Mailing Address 7317 35th Ave NE City Seattle FEC ID number of contributing federal political committee. Name of Employer Rxtra Care Pharmacy View Ridge Receipt For: Primary General Other (specify)	State Zip Code WA 98115-5918 C Occupation President & CEO Aggregate Year-to-Date ▼ 1650.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Michael J. Henry Mailing Address 4831 35th Ave SW City Seattle FEC ID number of contributing federal political committee. Name of Employer Rxtra Care Pharmacy At the Mount Receipt For: Primary General Other (specify)	State Zip Code WA 98126-2709 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1650.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any persong the name and address of any political committee to Association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael J. Henry Mailing Address 4831 35th Ave SW City Seattle FEC ID number of contributing federal political committee. Name of Employer Rxtra Care Pharmacy At the Mount Receipt For: Primary General	State Zip Code WA 98126-2709 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Raymond Greg Hickman Mailing Address PO Box 965 City Monroe FEC ID number of contributing federal political committee. Name of Employer Carmichael Drugs Receipt For: Primary General	State Zip Code GA 30655-0965 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Raymond Greg Hickman Mailing Address PO Box 965 City Monroe FEC ID number of contributing federal political committee. Name of Employer Carmichael Drugs Receipt For: Primary Other (specify)	State Zip Code GA 30655-0965 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00149 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (option	al)	350.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Katherine R. Hicks Mailing Address 1020 Richland Ave W City Aiken FEC ID number of contributing federal political committee. Name of Employer The Medicine Mart Receipt For: Primary General Other (specify)	State Zip Code SC 29801-3224 C Occupation Owner/Manager Aggregate Year-to-Date 1200.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Katherine R. Hicks Mailing Address 1020 Richland Ave W City Aiken FEC ID number of contributing federal political committee. Name of Employer The Medicine Mart Receipt For: Primary General Other (specify)	State Zip Code SC 29801-3224 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Don A. Hill Mailing Address 1509 W 12th Ave City Emporia FEC ID number of contributing federal political committee. Name of Employer Medicine Shoppe Receipt For: Primary General Other (specify)	State Zip Code KS 66801-2457 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M Z 1 Z 0 1 0 Transaction ID: 20101105_00161 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional) .		400.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any personal name and address of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Don A. Hill Mailing Address 1509 W 12th Ave City Emporia FEC ID number of contributing federal political committee. Name of Employer Medicine Shoppe Receipt For: Primary General Other (specify)	State Zip Code KS 66801-2457 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) H. S. Hill Mailing Address PO Box 428 City Gardendale FEC ID number of contributing federal political committee. Name of Employer J And J Drug Inc Receipt For: Primary General Other (specify)	State Zip Code AL 35071 C Occupation Owner/Manager Aggregate Year-to-Date 365.00	Date of Receipt 10 25 2010 Transaction ID: 20101105_00162 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Thomas R. Hodel Mailing Address 299 N Binkley St City Soldotna FEC ID number of contributing federal political committee. Name of Employer Soldotna Professional Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AK 99669 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		565.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Community Pharmaci	ts and Statements may not be sold or used by any persising the name and address of any political committee sts Association - PAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas R. Hodel Mailing Address 299 N Binkley S City Soldotna FEC ID number of contributing	State Zip Code AK 99669	Date of Receipt M M D D 2 0 1 0
federal political committee. Name of Employer Soldotna Professional Pha- rmacy Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	100.00
Full Name (Last, First, Middle Initial) Joanne Hoffman Beechko Mailing Address 1963 Jericho T City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
East Northport FEC ID number of contributing federal political committee. Name of Employer Rx Express Pharmacy Of East Northport Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 450.00	Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Joanne Hoffman Beechko Mailing Address 1963 Jericho T City East Northport FEC ID number of contributing federal political committee.	State Zip Code NY 11731-6216	Date of Receipt 1 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00153 Amount of Each Receipt this Period 50.00
Name of Employer Rx Express Pharmacy Of East Northport Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 450.00	
SUBTOTAL of Receipts This Page (or	tional)	200.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Community Pharmacis	s and Statements may not be sold or used by any personing the name and address of any political committee to the Association - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Holifield Mailing Address 1595 Harrison S City Batesville FEC ID number of contributing federal political committee. Name of Employer Econo Mart Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code AR 72501-7222 C Occupation Owner/Manager Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Holifield Mailing Address 1595 Harrison S City Batesville FEC ID number of contributing federal political committee. Name of Employer Econo Mart Pharmacy Inc Receipt For: Primary General	State Zip Code AR 72501-7222 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David B. Holman Mailing Address 673 W Karsch B City Farmington FEC ID number of contributing federal political committee. Name of Employer Holman Healthcare, Inc. Receipt For: Primary General Other (specify)	State Zip Code MO 63640-3314 C Occupation Owner/Manager Aggregate Year-to-Date 1650.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (opti	onal)	250.00

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) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions
National Community Pharmacists A	ssociation - PAC	
Full Name (Last, First, Middle Initial) David B. Holman		Date of Receipt
Mailing Address 673 W Karsch Blvd	7.01	M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 1 1 1 1 1 1 1
City Farmington	State Zip Code MO 63640-3314	Transaction ID: 20101201_00155
FEC ID number of contributing federal political committee.	C 63040-3314	Amount of Each Receipt this Period 150.00
Name of Employer Holman Healthcare, Inc.	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Edmund R. Horton		Date of Receipt
Mailing Address 2445 Northwest Loc Ste A	•	10 21 2010
City	State Zip Code	Transaction ID: 20101105_00167
Stephenville	TX 76401-1705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	544.44
Name of Employer Tanglewood Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4455.52	
Full Name (Last, First, Middle Initial) Edmund R. Horton		Date of Receipt
Mailing Address 2445 Northwest Loc Ste A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stephenville	State Zip Code TX 76401-1705	Transaction ID: 20101201_00156
FEC ID number of contributing federal political committee.	TX 76401-1705	Amount of Each Receipt this Period 544.44
Name of Employer Tanglewood Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4455.52	
)	1238.88

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 274 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Community Pharmacis	s and Statements may not be sold or used by any perso sing the name and address of any political committee to ts Association - PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Brian M. Hose Mailing Address 17316 Shephero	Jataura Dika	Date of Receipt
City Sharpsburg FEC ID number of contributing	State Zip Code MD 21782-1626	Transaction ID: 20101105_00168 Amount of Each Receipt this Period 100.00
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) Brian M. Hose Mailing Address 17316 Shephero	dstown Pike	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00157
Sharpsburg	MD 21782-1626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Sharpsburg Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Hayden O. Houston, Jr.		Date of Receipt
Mailing Address PO Box 155		M M / D D / Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 20101105_00169
Hebron FEC ID number of contributing federal political committee.	CT 06248-0155	Amount of Each Receipt this Period 100.00
Name of Employer Hebron Pharmacy	Occupation Owner/Manager	
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (opt	ional)	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 111 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information or for commer	on copied from such Reports and cial purposes, other than using the	Statements may not be ne name and address of	sold or used by any personany political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\	COMMITTEE (In Full) Community Pharmacists As	sociation - PAC			
	(Last, First, Middle Initial) Houston, Jr.			Date of Receipt	
	dress PO Box 155	01-1- 7'	O de	11 / 19 2010	
City Hebron		'	o Code 6248-0155	Transaction ID: 20101201_00158 Amount of Each Receipt this Period	
FEC ID nu	mber of contributing itical committee.	C		100.00	
Name of E Hebron Ph	mployer narmacy	Occupation Owner/Manage	r		
Receipt Fo		Aggregate Year-to			
Walter M. H				Date of Receipt	
Mailing Ad	dress 216 S Broad St			10 21 2010	
City			o Code	Transaction ID: 20101105_00170	
Clinton		SC 29	9325-2505	Amount of Each Receipt this Period	
	mber of contributing itical committee.	C		100.00	
Name of E Sadler-Hu	mployer ghes Apothecary	Occupation Owner/Manage	r		
Receipt Fo		Aggregate Year-to	D-Date ▼ 1000.00		
Full Name Walter M. F	(Last, First, Middle Initial) Hughes, Jr.			Date of Receipt	
Mailing Ad	dress 216 S Broad St			1 1 1 9 2 0 1 0	
City			o Code	Transaction ID: 20101201_00159	
Clinton		SC 29	325-2505	Amount of Each Receipt this Period	
federal pol	mber of contributing itical committee.	C		100.00	
Name of E Sadler-Hu	mployer ghes Apothecary	Occupation Owner/Manage	r		
Receipt Fo		Aggregate Year-to	o-Date ▼		
Othe	ary General er (specify) ♥		1000.00		
QUIDTOTAL	of Receipts This Page (optional)			300.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any person g the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ralph B. Hunter Mailing Address PO Box 797 City Richlands FEC ID number of contributing federal political committee. Name of Employer Big Value Discount Drug Center Receipt For: Primary Other (specify)	State Zip Code NC 28574-0797 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ralph B. Hunter Mailing Address PO Box 797 City Richlands FEC ID number of contributing federal political committee. Name of Employer Big Value Discount Drug Center Receipt For: Primary General Other (specify)	State Zip Code NC 28574-0797 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jabir Husain Mailing Address 1526 Cortelyou Ro City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Greenfield Pharmacy Receipt For: Primary General Other (specify)	State Zip Code NY 11226-5608 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M M / D D / Y 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 (option	al)	300.00

ITEMIZE Any informat	JLE A (FEC Form 3X) D RECEIPTS ion copied from such Reports and Sta	Use separate sch for each category Detailed Summary tements may not be sold or used	edule(s) of the y Page X 11a 11b 11 13 14 15 by any person for the purpose of soliciting of	16 17
or for comme	ercial purposes, other than using the r F COMMITTEE (In Full) I Community Pharmacists Asso	ame and address of any political o	committee to solicit contributions from such	committee.
A. Jabir Hus: Mailing A City Brookly FEC ID n federal po Name of Greenfiel Receipt F	n umber of contributing olitical committee. Employer d Pharmacy	State Zip Code NY 11226-5608 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M M / D D / 1 9 Transaction ID: 20101 Amount of Each Receipt	
B. John A. H Mailing A City Mount C FEC ID n federal po Name of Pharmac Receipt F	Carroll umber of contributing political committee. Employer y Center	State Zip Code IL 61053-1031 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M Z 1 1 0 2 1 Transaction ID: 20101 Amount of Each Receipt	
City Mount C FEC ID n federal po Name of Pharmac Receipt F	Carroll umber of contributing olitical committee. Employer y Center	State Zip Code IL 61053-1031 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M	
	of Receipts This Page (optional)			200.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addi	not be sold or used by any persoress of any political committee to	
NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	ociation - PA	С	
Full Name (Last, First, Middle Initial) Peter K. Illig			Date of Receipt
Mailing Address 445 Broad St			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00174
Salamanca	NY	14779-1424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Park Pharmacy	Occupation Owner/Ma		
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼		1100.00	
Full Name (Last, First, Middle Initial) Peter K. Illig	1		Date of Receipt
Mailing Address 445 Broad St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00163
Salamanca	NY	14779-1424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Park Pharmacy	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Hank Incognito			Date of Receipt
Mailing Address 994 Rahway Ave			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: 20101105_00175
Avenel	NJ	07001-1946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Avenel Pharmacy	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)	1	>	225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 274 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - PA	4C	
Full Name (Last, First, Middle Initial) Hank Incognito			Date of Receipt
Mailing Address 994 Rahway Ave			1 1 1 9 2 0 1 0
City	State NJ	Zip Code	Transaction ID: 20101201_00164
Avenel FEC ID number of contributing federal political committee.	C	07001-1946	Amount of Each Receipt this Period 25.00
Name of Employer Avenel Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	- 1 '	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Steve Irsfeld	I		Date of Receipt
Mailing Address 33 9th St W			10 21 2010
City Dickinson	State ND	Zip Code 58601-3950	Transaction ID: 20101105_00176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30001 3330	40.00
Name of Employer Irsfeld Pharmacy PC	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Steve Irsfeld			Date of Receipt
Mailing Address 33 9th St W			M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 9 2 0 1 0
City	State ND	Zip Code	Transaction ID: 20101201_00165
Dickinson FEC ID number of contributing federal political committee.	C	58601-3950	Amount of Each Receipt this Period 40.00
Name of Employer Irsfeld Pharmacy PC	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (options	al)	1	105.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 274 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Community Pharmacis	s and Statements may not be sold or used by any personal statements and address of any political committee to the Association - PAC	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Moushira Iskander Mailing Address 4 Bardonia Mall City Bardonia FEC ID number of contributing federal political committee. Name of Employer Bardonia Drug Inc.	State Zip Code NY 10954-1647 C Occupation Owner/Manager	Date of Receipt 10 21 2010 Transaction ID: 20101105_00177 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00]
Full Name (Last, First, Middle Initial) Moushira Iskander Mailing Address 4 Bardonia Mall City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Bardonia FEC ID number of contributing federal political committee.	NY 10954-1647	Amount of Each Receipt this Period
Name of Employer Bardonia Drug Inc. Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 700.00	
Full Name (Last, First, Middle Initial) Jim Ivie Mailing Address 149 Crown Hill F	Rd	Date of Receipt 1 0 2 1 2 0 1 0
City Excelsior Springs FEC ID number of contributing	State Zip Code MO 64024-1657	Transaction ID: 20101105_00178 Amount of Each Receipt this Period
rederal political committee. Name of Employer Browns Prescription Drug	Occupation Pharmacist	25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	onal)	225.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to sussociation - PAC	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jim Ivie Mailing Address 149 Crown Hill Rd		Date of Receipt
City Excelsior Springs FEC ID number of contributing federal political committee.	State Zip Code MO 64024-1657	Transaction ID: 20101201_00167 Amount of Each Receipt this Period 25.00
Name of Employer Browns Prescription Drug Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date 250.00	_
Full Name (Last, First, Middle Initial) Howard Jacobson Mailing Address 30 Hempstead Ave Ste 156 City	State Zip Code	Date of Receipt 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00179
Rockville Centre FEC ID number of contributing federal political committee.	NY 11570-4038	Amount of Each Receipt this Period 50.00
Name of Employer Rockville Centre Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 800.00	_
Full Name (Last, First, Middle Initial) Howard Jacobson Mailing Address 30 Hempstead Ave		Date of Receipt
Ste 156 City Rockville Centre FEC ID number of contributing	State Zip Code NY 11570-4038	Transaction ID: 20101201_00168 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Rockville Centre Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	125.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 274 (check only one) X 11a
or for co	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) ional Community Pharmacists Ass	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Forr Mail City Ral	Name (Last, First, Middle Initial) est M. James ing Address 702 N Person St eigh C ID number of contributing eral political committee.	State NC	Zip Code 27604-1216	Date of Receipt M M
Nam Pers	ne of Employer son Street Pharmacy eipt For: Primary General Other (specify)	Occupatio Owner/M Aggregate		
Maid Maid City Yor	Name (Last, First, Middle Initial) colm Janet ing Address 4900 Prospect Ave Ste 106 ba Linda C ID number of contributing	State CA	Zip Code 92886-2128	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam Lind	eral political committee. ne of Employer la Vista Pharmacy eipt For: Primary General Other (specify)	Occupatio Owner/M Aggregate		
Mald Mail City Yor	Name (Last, First, Middle Initial) colm Janet ing Address 4900 Prospect Ave Ste 106 ba Linda C ID number of contributing oral political committee.	State CA	Zip Code 92886-2128	Date of Receipt M M
	eipt For: Primary General Other (specify)	Occupatio Owner/M Aggregate		
SUBT	OTAL of Receipts This Page (optional)			200.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 119 / 274
ITEMIZED RECEIPTS		for each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Community Pharmacists Ass	sociation - P	AC	
Full Name (Last, First, Middle Initial) H. Barry Jarnigan			Date of Receipt
Mailing Address PO Box 17124			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00182
Memphis	TN	38187-0124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer StoneRiver Pharmacy Solut- ions	Occupation VP Mark	n eting and Product Managemo	ent
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		1100.00	
Full Name (Last, First, Middle Initial)			Date of Descript
B. H. Barry Jarnigan Mailing Address PO Box 17124			Date of Receipt
			11 19 2010
City	State	Zip Code	Transaction ID: 20101201_00170
<u>Memphis</u>	TN	38187-0124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer StoneRiver Pharmacy Solut- ions	Occupation VP Mark	n eting and Product Managemo	ent
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1100.00	
Full Name (Last, First, Middle Initial) C. Kent Jenema			Date of Receipt
Mailing Address 1414 W Fair Ave Ste 133			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00183
Marquette	MI	49855-5408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Peninsula Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kent Jenema Mailing Address 1414 W Fair Ave Ste 133			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Marquette FEC ID number of contributing federal political committee.	State MI	Zip Code 49855-5408	Transaction ID: 20101201_00171 Amount of Each Receipt this Period 35.00
Name of Employer Peninsula Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Ma Aggregate]
Full Name (Last, First, Middle Initial) Dan W. Jespersen Mailing Address 302 N Main St			Date of Receipt 1 0 2 1 2 0 1 0
City <u>Duncanville</u> FEC ID number of contributing federal political committee.	State TX	Zip Code 75116-3651	Transaction ID: 20101105_00184 Amount of Each Receipt this Period 100.00
Name of Employer Ben Franklin Apothecary Receipt For: Primary General Other (specify) ▼	Occupation Owner/Mi Aggregate]
Full Name (Last, First, Middle Initial) Dan W. Jespersen Mailing Address 302 N Main St			Date of Receipt
City Duncanville FEC ID number of contributing federal political committee.	State TX	Zip Code 75116-3651	Transaction ID: 20101201_00172 Amount of Each Receipt this Period 100.00
Name of Employer Ben Franklin Apothecary Receipt For: Primary General Other (specify) ▼	Occupation Owner/Ma Aggregate		1
SUBTOTAL of Receipts This Page (optional	l)		235.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 2 / 4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Community Pharmacists A			
Full Name (Last, First, Middle Initial) Mark Johnson			Date of Receipt
Mailing Address 109 S Main St			M M / D D / Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City Colfax	State WA	Zip Code 99111-1803	Transaction ID: 20101105_00185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Tick Klock Drugs Llc	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Mark Johnson			Date of Receipt
Mailing Address 109 S Main St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Colfax	State WA	Zip Code 99111-1803	Transaction ID: 20101201_00173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Tick Klock Drugs Llc	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Donald M. Johnston			Date of Receipt
Mailing Address 8601 W Main St			10 25 2010
City Belleville	State IL	Zip Code 62223-1788	Transaction ID: 20101105_00187
FEC ID number of contributing federal political committee.	C	02225-1700	Amount of Each Receipt this Period 250.00
Name of Employer Hideg Pharmacy Inc	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	<u>'</u>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 2 / 4 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
National Community Pharmacists As	sociation - P	AC	
Full Name (Last, First, Middle Initial) Patty Johnston Mailing Address 211 Granville Ave			Date of Receipt
			10 21 2010
City Beckley	State WV	Zip Code 25801-6004	Transaction ID: 20101105_00188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Colony Drug	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Patty Johnston			Date of Receipt
Mailing Address 211 Granville Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Beckley</u>	State WV	Zip Code 25801-6004	Transaction ID: 20101201_00174 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Colony Drug	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Alan M. Jones			Date of Receipt
Mailing Address 106 E Cherry St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101105_00190
Jesup FEC ID number of contributing federal political committee.	GA C	31545	Amount of Each Receipt this Period 50.00
Name of Employer Jones Drug Company	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
			350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 123 / 274 (check only one) X
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of	sold or used by any personany political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists As	sociation - PAC		
	Full Name (Last, First, Middle Initial) Alan M. Jones			Date of Receipt
	Mailing Address 106 E Cherry St			1 1 1 9 2 0 1 0
	City	State Zip	Code	Transaction ID: 20101201_00175
	<u>Jesup</u>	GA 31	545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Jones Drug Company	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 450.00	1
_	Full Name (Last, First, Middle Initial) Chad A. Jones			Date of Receipt
	Mailing Address 406 W 6th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip	Code	Transaction ID: 20101105_00191
	Chelsea	OK 74	016-1637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Chelsea Family Pharmacy	Occupation Owner/Manager		
	Receipt For: Primary General	Aggregate Year-to	-Date ▼	
	Primary General Other (specify) ▼		450.00	
_	Full Name (Last, First, Middle Initial) Chad A. Jones			Date of Receipt
	Mailing Address 406 W 6th St			1 1 1 9 2 0 1 0
	City	•	Code	Transaction ID: 20101201_00176
	Chelsea	OK 74	016-1637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Chelsea Family Pharmacy	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 450.00	
Г	SUBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pers ee name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) Tony Jones		Date of Receipt
	Mailing Address 4207 88th St	7, 0, 1	10 21 2010
	City Lubbock	State Zip Code TX 79423-2941	Transaction ID: 20101105_00192 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Caprock Discount Drug	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	Full Name (Last, First, Middle Initial) Tony Jones		Date of Receipt
	Mailing Address 4207 88th St		1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 20101201_00177
	Lubbock	TX 79423-2941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Caprock Discount Drug	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
	Full Name (Last, First, Middle Initial) Phillip A. Judd		Date of Receipt
	Mailing Address 11715 Rainwood Rd		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00193
	Little Rock	AR 72212-3951	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer The Drug Store Inc	Occupation Owner/Manager	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	450.00	
	NUDTOTAL of Descripto This Descriptoral		250.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 274 (check only one) X
or for commercial purposes NAME OF COMMITTEE	, other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Little Rock FEC ID number of contribution federal political committee. Name of Employer The Drug Store Inc. Receipt For:	5 Rainwood Rd State AR buting e. Occupa Owner	Zip Code 72212-3951 ttion /Manager ate Year-to-Date ▼ 450.00	Date of Receipt 1 1 9 2 0 1 0 Transaction ID: 20101201_00178 Amount of Each Receipt this Period 50.00
Full Name (Last, First, M Steven C. Judy Mailing Address 24 N City Petersburg FEC ID number of contrifederal political committed Name of Employer Judys Drug Store Inc Receipt For: Primary Other (specify)	Main St State WV buting be. Occupa Owner	Zip Code 26847-1518 ttion /Manager ate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Petersburg FEC ID number of contribution federal political committee Name of Employer Judys Drug Store Inc Receipt For:	Main St State WV buting buting buting Occupa Owner	Zip Code 26847-1518 ttion /Manager ate Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts T	his Page (optional)		250.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	esta manta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 274 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Asso	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Eric T. Juergens Mailing Address 640 N Fountain Ave			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20101105_00195
	Springfield FEC ID number of contributing federal political committee.	C	45504-2202	Amount of Each Receipt this Period 100.00
	Name of Employer Madison Avenue Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/M Aggregate		1
– В.	Full Name (Last, First, Middle Initial) Eric T. Juergens Mailing Address 640 N Fountain Ave	0 0		Date of Receipt
	City	State	Zip Code	1 1 1 9 2 0 1 0 Transaction ID: 20101201_00180
	Springfield	OH	45504-2202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Madison Avenue Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/M Aggregate		
_ С.	Full Name (Last, First, Middle Initial) John G. Kaiser, Jr.			Date of Receipt
O .	Mailing Address 251 Benedict Ave			M M / D D / Y Y Y Y Y 1 1 0 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101105_00196
	Norwalk	OH	44857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaiser Wells Pharmacy	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)		_	300.00
r	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 274 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not the name and address	be sold or used by any persons of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A			
Full Name (Last, First, Middle Initial) John G. Kaiser, Jr.			Date of Receipt
Mailing Address 251 Benedict Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00181
Norwalk	OH	44857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Kaiser Wells Pharmacy	Occupation Owner/Mana	aer	
Receipt For:	Aggregate Yea	<u> </u>	1
Primary General Other (specify) ▼	/ iggiogate Fol	800.00	
Full Name (Last, First, Middle Initial) Patricia Keller	1		Date of Receipt
Mailing Address 625-A Wmain High	way 51S		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101105_00197
Newbern	TN	38059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Newbern Discount Drugs	Occupation Owner/Mana	ger	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Patricia Keller			Date of Receipt
Mailing Address 625-A Wmain High	way 51S		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00183
Newbern	TN	38059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Newbern Discount Drugs	Occupation Owner/Mana	ger	
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		450.00	
			200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 274 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any personal name and address of any political committee to a sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E. Harold Kemp Mailing Address 107 S Duval St City Claxton FEC ID number of contributing federal political committee. Name of Employer Kemps Pharmacy Receipt For: Primary General Other (specify)	State Zip Code GA 30417-2029 C Occupation Owner/Manager Aggregate Year-to-Date 700.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) E. Harold Kemp Mailing Address 107 S Duval St City Claxton FEC ID number of contributing federal political committee. Name of Employer Kemps Pharmacy Receipt For: Primary General Other (specify)	State Zip Code GA 30417-2029 C Occupation Owner/Manager Aggregate Year-to-Date 700.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20101201_00184 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Cathi Ketterling Mailing Address PO Box 47 City Buhl FEC ID number of contributing federal political committee. Name of Employer Sav-Mor Drug Receipt For: Primary General Other (specify)	State Zip Code ID 83316-1629 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 274 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) P National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) Cathi Ketterling		Date of Receipt
	Mailing Address PO Box 47		11 19 2010
	City Buhl	State Zip Code ID 83316-1629	Transaction ID: 20101201_00185 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Sav-Mor Drug	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
	Full Name (Last, First, Middle Initial) Roscoe H. Kinkead		Date of Receipt
	Mailing Address 105 S Allen St		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00200
	Centralia FEC ID number of contributing federal political committee.	MO 65240-1303	Amount of Each Receipt this Period 50.00
	Name of Employer Kinkead Pharmacy Inc	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Roscoe H. Kinkead	<u> </u>	Date of Receipt
	Mailing Address 105 S Allen St		1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 20101201_00186
	Centralia FEC ID number of contributing federal political committee.	MO 65240-1303	Amount of Each Receipt this Period 50.00
	Name of Employer Kinkead Pharmacy Inc	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ,	CURTOTAL of Possints This Page (entional)		150.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Asso	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mark E. Kinney Mailing Address 1101 W 120th Ave Ste 400 City Denver FEC ID number of contributing federal political committee. Name of Employer Independent Pharmacy Cooperative Receipt For: Primary General Other (specify)	1100110	Zip Code 80021 In sident of Government Affairs e Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Mark E. Kinney Mailing Address 1101 W 120th Ave Ste 400 City Denver FEC ID number of contributing federal political committee. Name of Employer Independent Pharmacy Cooperative Receipt For: Primary General Other (specify)		Zip Code 80021 In sident of Government Affairs e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00187 Amount of Each Receipt this Period 100.00
с.	Full Name (Last, First, Middle Initial) Robert Kinsey Mailing Address 4290 Kinsey Dr City Tyler FEC ID number of contributing federal political committee. Name of Employer Kinseys Pharmacy Receipt For: Primary General Other (specify)	State TX C Occupatio Presiden Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 274 (check only one)		
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - P	4C			
Full Name (Last, First, Middle Initial) Robert Kinsey			Date of Receipt		
Mailing Address 4290 Kinsey Dr	· · · · · · · · · · · · · · · · · · ·				
City Tyler	State TX	Zip Code 75703-1024	Transaction ID: 20101201_00188 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	73703-1024	50.00		
Name of Employer Kinseys Pharmacy	Occupatio Presiden				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00			
Full Name (Last, First, Middle Initial) Timothy J. Kirk			Date of Receipt		
Mailing Address 8946 Lewis Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 20101105_00203		
Temperance FEC ID number of contributing federal political committee.	C	48182	Amount of Each Receipt this Period 150.00		
Name of Employer Crary Drug	Occupatio Owner/M				
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1650.00			
Full Name (Last, First, Middle Initial) Timothy J. Kirk			Date of Receipt		
Mailing Address 8946 Lewis Ave			M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0		
City Temperance	State MI	Zip Code 48182	Transaction ID: 20101201_00189		
FEC ID number of contributing federal political committee.	C	40102	Amount of Each Receipt this Period 150.00		
Name of Employer Crary Drug	Occupatio Owner/M				
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 1650.00			
SUBTOTAL of Receipts This Page (option	nal)	\	350.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 274 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sherwood Klein, Jr. Mailing Address 6133 Route 219 S Ste 1004 City Ellicottville FEC ID number of contributing federal political committee. Name of Employer Ellicottville Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code NY 14731-0368 C Occupation Owner/Manager Aggregate Year-to-Date 2200.00	Date of Receipt M 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
Full Name (Last, First, Middle Initial) Sherwood Klein, Jr. Mailing Address 6133 Route 219 S Ste 1004 City Ellicottville FEC ID number of contributing federal political committee. Name of Employer Ellicottville Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code NY 14731-0368 C Occupation Owner/Manager Aggregate Year-to-Date 2200.00	Date of Receipt M M M J D D J 2010 Transaction ID: 20101201_00190 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Mark T. Kleinbeck Mailing Address 2210 Barron Rd City Poplar Bluff FEC ID number of contributing federal political committee. Name of Employer Northwest Pharmacy Receipt For: Primary General Other (specify)	State Zip Code MO 63901-1908 C Occupation Owner/Manager Aggregate Year-to-Date 1200.00	Date of Receipt M M M 21 2010 Transaction ID: 20101105_00205 Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional)		550.00

or for commercial NAME OF COI National Cor Full Name (Las Mark T. Kleinbe Mailing Addres City Poplar Bluff FEC ID numbe federal political Name of Emplo Northwest Pha Receipt For: Primary Other (sp Full Name (Las Scottie J. Knott Mailing Addres City Sunset	purposes, other than using the MMITTEE (In Full) mmunity Pharmacists Asset, First, Middle Initial) ck s 2210 Barron Rd er of contributing committee.	name and address of any political committee ociation - PAC State Zip Code MO 63901-1908 C	Date of Receipt Date of Receipt 1 1 9
Full Name (Las Mark T. Kleinbe Mailing Addres City Poplar Bluff FEC ID numbe federal political Name of Emplo Northwest Pha Receipt For: Primary Other (sp. Full Name (Las Scottie J. Knott Mailing Addres City Sunset	st, First, Middle Initial) ck s 2210 Barron Rd er of contributing committee.	State Zip Code MO 63901-1908 C	Transaction ID: 20101201_00191 Amount of Each Receipt this Period
Mark T. Kleinbe Mailing Addres City Poplar Bluff FEC ID numbe federal political Name of Emplo Northwest Pha Receipt For: Primary Other (sp Full Name (Las Scottie J. Knott Mailing Addres City Sunset	s 2210 Barron Rd er of contributing committee.	MO 63901-1908 C Occupation	Transaction ID: 20101201_00191 Amount of Each Receipt this Period
City Poplar Bluff FEC ID numbe federal political Name of Employ Northwest Pha Receipt For: Primary Other (sp Full Name (Las Scottie J. Knott Mailing Addres) City Sunset	er of contributing committee.	MO 63901-1908 C Occupation	Transaction ID: 20101201_00191 Amount of Each Receipt this Period
Poplar Bluff FEC ID number federal political Name of Employ Northwest Phate Primary Other (sp. 1971) Full Name (Last Scottie J. Knott Mailing Address City Sunset	committee.	MO 63901-1908 C Occupation	Amount of Each Receipt this Period
Receipt For: Primary Other (sp. Full Name (Las Scottie J. Knott Mailing Addres City Sunset	committee.	Occupation	
Receipt For: Primary Other (sp Full Name (Las Scottie J. Knott Mailing Addres City Sunset	oyer irmacy	· ·	
Full Name (Las Scottie J. Knott Mailing Addres City Sunset		Owner/Manager	
Scottie J. Knott Mailing Addres City Sunset	General pecify) ▼	Aggregate Year-to-Date ▼ 1200.00	
City Sunset	st, First, Middle Initial)	I	Date of Receipt
Sunset	s 988 Napoleon Ave		10 21 7 2010
		State Zip Code LA 70584-6100	Transaction ID: 20101105_00206
federal political	er of contributing committee.	C	Amount of Each Receipt this Period 50.00
Name of Emplo Brinkhaus Thri rmacy	oyer fty Way Pha-	Occupation Owner/Manager	
Receipt For: Primary Other (sp	General pecify) ♥	Aggregate Year-to-Date ▼ 400.00	
Full Name (Las	st, First, Middle Initial)	I	Date of Receipt
Mailing Addres	s 401 NE 9th St		M M / D D / Y Y Y Y Y 1 Y 1 1 D D / 2 1 2 0 1 0
City Abilene		State Zip Code KS 67410-2133	Transaction ID: 20101105_00207
•	er of contributing committee.	KS 67410-2133	Amount of Each Receipt this Period
Name of Emplo Graves Drugs	pyer	Occupation Pharmacist	
Receipt For: Primary Other (sp	General	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of R	Decity) 🔻		1

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 274 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	er than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middl John P. Kollhoff Mailing Address 401 NE		Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Abilene FEC ID number of contributi federal political committee.	ng KS	67410-2133	Amount of Each Receipt this Period 100.00
Name of Employer Graves Drugs Receipt For: Primary Gene Other (specify) ▼			
Full Name (Last, First, Middl Sterling Koonce Mailing Address PO Box			Date of Receipt
City Tabor City FEC ID number of contributi federal political committee.	State NC	Zip Code 28463-0580	Transaction ID: 20101105_00208 Amount of Each Receipt this Period 100.00
Name of Employer Koonce Medicine Mart	Occupati Owner/l	on Manager	
Receipt For: Primary Gene Other (specify) ▼		te Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middl Sterling Koonce Mailing Address PO Box	,		Date of Receipt
City Tabor City	State NC	Zip Code 28463-0580	Transaction ID: 20101201_00193 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.			100.00
Name of Employer Koonce Medicine Mart Receipt For:	Aggrega	on Manager te Year-to-Date ▼	
Primary Gene Other (specify) ▼	eral	1100.00	
SUBTOTAL of Receipts This I	Page (optional)		300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 135 / 274 (check only one)
TEMIZED REGEN TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists As	secciation - PA	AC	
,	550Ciation - 1 7		
Full Name (Last, First, Middle Initial) Kenneth Royce Korthauer			Date of Receipt
Mailing Address PO Box 1197			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101105_00209
<u>Brenham</u>	TX	77834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Normans Pharmacy	Occupation Owner/M		
Receipt For:		Year-to-Date V	\dashv
Primary General	7.99109410		7
Other (specify)	0 0	400.00	
Full Name (Last, First, Middle Initial) Kenneth Royce Korthauer			Date of Receipt
Mailing Address PO Box 1197			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00194
Brenham	TX	77834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Normans Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Catherine Kowalski			Date of Receipt
Mailing Address PO Box 1209			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00210
Petersburg	AK	99833-1209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Petersburg Rexall	Occupation Owner/M		
Receipt For:	- ' '	Year-to-Date ▼	7
Primary General Other (specify) ▼		550.00	
SUBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 1
	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any period in a sold or used by any period in a sold or used by any period in a sold or used by any political committed.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) Catherine Kowalski		Date of Receipt
	Mailing Address PO Box 1209		11 1 19 2010
	City Petersburg	State Zip Code AK 99833-1209	Transaction ID: 20101201_00195
	FEC ID number of contributing federal political committee.	C 99033-1209	Amount of Each Receipt this Period 50.00
	Name of Employer Petersburg Rexall	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00	
_	Full Name (Last, First, Middle Initial) Chuck Kray		Date of Receipt
	Mailing Address 731 Cherry Dr	10 21 2010	
	City	State Zip Code	Transaction ID: 20101105_00211
	Hershey	PA 17033-2006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	100.00
	Name of Employer Hershey Pharmacy	Occupation Owner/Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1100.00	
_	Full Name (Last, First, Middle Initial) Chuck Kray		Date of Receipt
	Mailing Address 731 Cherry Dr		11 19 2010
	City	State Zip Code	Transaction ID: 20101201_00196
	Hershey	PA 17033-2006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Hershey Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Г	SURTOTAL of Receipts This Page (optional)		250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13//2/4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A			
Full Name (Last, First, Middle Initial) Greg Kurtz			Date of Receipt
Mailing Address 406 W Putnam Ave			M M / D D / Y Y Y Y
City	State	Zip Code	1 0 2 1 2 0 1 0 Transaction ID: 20101105_00212
<u>Porterville</u>	CA	93257-3321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Seven 02 Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Louis Ladson, Jr.			Date of Receipt
Mailing Address 501 S Lincoln Ave Ste 10			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101105_00213
Clearwater	FL	33756-5901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Lincourt Professional	Occupation Owner/M		
Receipt For:	<u> </u>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) John D. Lassiter			Date of Receipt
Mailing Address 3252 Southeast 29t	th Street		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State	Zip Code	Transaction ID: 20101105_00214
Del City	OK	73115-1606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Lassiter Drug	Occupation Owner/M		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		3000.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 274 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) John D. Lassiter			Date of Receipt
۱.	Mailing Address 3252 Southeast 29th S	Street		M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
	City Del City	State OK	Zip Code 73115-1606	Transaction ID: 20101201_00197 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70110 1000	300.00
	Name of Employer Lassiter Drug	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
_	Full Name (Last, First, Middle Initial) Clarence Lea	1		Date of Receipt
	Mailing Address 2601 Scott Ave Ste 600			10 21 2010
	City Fort Worth	State TX	Zip Code 76103-2307	Transaction ID: 20101105_00216 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70103-2307	50.00
	Name of Employer HCC	Occupation Pharmac		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
	Full Name (Last, First, Middle Initial) Clarence Lea	1		Date of Receipt
	Mailing Address 6708 Westbury Ct			11 19 2010
	City	State	Zip Code	Transaction ID: 20101201_00198
	Benbrook FEC ID number of contributing federal political committee.	C	76132	Amount of Each Receipt this Period 50.00
	Name of Employer HCC	Occupation Pharmac		
	Receipt For: Primary General Other (specify) ▼	, '	Year-to-Date ▼ 700.00	
Ę	SUBTOTAL of Receipts This Page (optional)		_	400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any perso the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elizabeth Lea Mailing Address 6708 Westbury Ct City Benbrook FEC ID number of contributing federal political committee. Name of Employer AmerisourceBergen Receipt For: Primary General Other (specify)	State Zip Code TX 76132 C Occupation Director 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
Full Name (Last, First, Middle Initial) Elizabeth Lea Mailing Address 6708 Westbury Ct City Benbrook FEC ID number of contributing federal political committee.	State Zip Code TX 76132	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer AmerisourceBergen Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 550.00	
Full Name (Last, First, Middle Initial) Sharlea Leatherwood Mailing Address PO Box 28444 7275 N Oak Traffic City Kansas City FEC ID number of contributing federal political committee. Name of Employer Great Oak Pharmacy	State Zip Code MO 64188 C Occupation Owner/Manager	Date of Receipt M 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
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1650.00	
SUBTOTAL of Receipts This Page (optional	al)	250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 274 (check only one) X 11a
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	sociation - P	AC	
Α.	Full Name (Last, First, Middle Initial) Sharlea Leatherwood			Date of Receipt
	Mailing Address PO Box 28444 7275 N Oak Trafficwa	v /		1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101201_00200
	Kansas City	MO	64188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Great Oak Pharmacy	Occupatio Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
_ В.	Full Name (Last, First, Middle Initial) Joseph P. Lech			Date of Receipt
	Mailing Address 13 Rockledge Ln			10 21 2010
	City	State	Zip Code	Transaction ID: 20101105_00218
	Tunkhannock	PA	18657-6855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer Lech's Pharmacy	Occupatio Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4366.60	
с. С.	Full Name (Last, First, Middle Initial) Joseph P. Lech			Date of Receipt
	Mailing Address 13 Rockledge Ln			11 19 / 2010
	City	State	Zip Code	Transaction ID: 20101201_00201
	Tunkhannock FEC ID number of contributing federal political committee.	C	18657-6855	Amount of Each Receipt this Period 200.00
	Name of Employer Lech's Pharmacy	Occupatio Owner/M		
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 4366.60	
	SUBTOTAL of Receipts This Page (optional)	1		766.66
卜	TOTAL This Period (last page this line number		<u> </u>	

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. A. A. I'll Name (Last, First, Middel Initial) Jung M. Lee Mailing Address 251 Medical Center Blvd Site 100 City State TX 77588-4213 FEC ID number of contributing lederal political committee Cocupation President Receipt For: Primary General Other (specity) ▼ I'll Name (Last, First, Middle Initial) Jung M. Lee Mailing Address 251 Medical Center Blvd Site 100 City State Zip Code Ty 77588-4213 FEU IN Date (Last, First, Middle Initial) Jung M. Lee Mailing Address 251 Medical Center Blvd Site 100 City State Zip Code Ty 77588-4213 FEU IN Date of Receipt I'll I'll I'll I'll I'll I'll I'll I'l	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 251 Medical Center Blvd State Zip Code TX 77598-4213 Amount of Each Receipt his Period	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Same of Employer Clear Lake Professional Bidg Pharmacy Receipt For: Primary General Graphycer Graph	Mailing Address 251 Medical Center E Ste 100 City	State Zip Code	Transaction ID: 20101105_00219
Date of Receipt Mailing Address 251 Medical Center Blvd Ste 100	Name of Employer Clear Lake Professional Bldg Pharmacy Receipt For: Primary General	Occupation President Aggregate Year-to-Date ▼ 1100.00	100.00
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. Name of Employer Roger's Pharmacy Receipt For: Primary General Date of Receipt Transaction ID: 20101105_00220 Amount of Each Receipt this Period	Mailing Address 251 Medical Center E Ste 100 City Webster FEC ID number of contributing federal political committee. Name of Employer Clear Lake Professional Bldg Pharmacy Receipt For: Primary General	State Zip Code TX 77598-4213 C Occupation President Aggregate Year-to-Date ▼	Transaction ID: 20101201_00202 Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date 1650.00	Full Name (Last, First, Middle Initial) James M. Leftwich Mailing Address 2909 Loma Vista Rd City Ventura FEC ID number of contributing federal political committee.	State Zip Code CA 93003-2915 C Occupation	Transaction ID: 20101105_00220 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1650.00	250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 274 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/_</u> A.	Full Name (Last, First, Middle Initial) James M. Leftwich Mailing Address 2909 Loma Vista Rd			Date of Receipt 1 1 1 9 2 0 1 0
	City Ventura	State CA	Zip Code 93003-2915	Transaction ID: 20101201_00203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Roger's Pharmacy	Occupation Owner/M	lanager	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00]
3.	Full Name (Last, First, Middle Initial) James T. Lehan Mailing Address 1407 S 4th St	ı		Date of Receipt 1 0 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101105_00221
	Dekalb FEC ID number of contributing federal political committee.	C	60115-4605	Amount of Each Receipt this Period 100.00
	Name of Employer Lehan Drugs	Occupation	n s Director, CPA	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 700.00	
	Full Name (Last, First, Middle Initial) James T. Lehan	<u> </u>		Date of Receipt
	Mailing Address 1407 S 4th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Dekalb	State IL	Zip Code 60115-4605	Transaction ID: 20101201_00396
	FEC ID number of contributing federal political committee.	C	00113-4003	Amount of Each Receipt this Period 100.00
	Name of Employer Lehan Drugs	Occupation	n s Director, CPA	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	
s	UBTOTAL of Receipts This Page (optional)	1		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 274 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any persone name and address of any political committee to association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy J. Lehan Mailing Address 1407 S 4th St City Dekalb FEC ID number of contributing federal political committee. Name of Employer Lehan Drugs Receipt For: Primary General Other (specify)	State Zip Code IL 60115-4605 C Occupation Owner/Manager Aggregate Year-to-Date 1650.00	Date of Receipt M M Z 1 Z 0 1 0 Transaction ID: 20101105_00222 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Timothy J. Lehan Mailing Address 1407 S 4th St City Dekalb FEC ID number of contributing federal political committee. Name of Employer Lehan Drugs Receipt For: Primary General Other (specify)	State Zip Code IL 60115-4605 C Occupation Owner/Manager Aggregate Year-to-Date 1650.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00205 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Neil Leikach Mailing Address 6350 Frederick Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer Catonsville Pharmacy Llc Receipt For: Primary General Other (specify)	State Zip Code MD 21228-2305 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 274 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	nd Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William R. Letendre Mailing Address 9901 S Wilcrest Dr City Houston FEC ID number of contributing federal political committee. Name of Employer PCCA	State Zip Code TX 77099-5132 C Occupation VP Phcy Mgmnt Services	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) William R. Letendre Mailing Address 9901 S Wilcrest Dr City Houston	State Zip Code TX 77099-5132	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer PCCA Receipt For:	Occupation VP Phcy Mgmnt Services	50.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Thomas J. Liautaud Mailing Address 2201 W Temple St		Date of Receipt 10 21 2010
City	State Zip Code	Transaction ID: 20101105_00225
Los Angeles FEC ID number of contributing federal political committee.	CA 90026-4917	Amount of Each Receipt this Period 100.00
Name of Employer California Medical Pharma- cy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional	ıl)	200.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 274 (check only one) X
or f	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Thomas J. Liautaud Mailing Address 2201 W Temple St City Los Angeles FEC ID number of contributing federal political committee. Name of Employer California Medical Pharma-	State CA C Occupatio Owner/M		Date of Receipt 1 1 9 2 0 1 0 Transaction ID: 20101201_00207 Amount of Each Receipt this Period 100.00
	cy Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1100.00	
3.	Full Name (Last, First, Middle Initial) Ron Lind Mailing Address PO Box 99 City Freeland	State WA	Zip Code 98249	Date of Receipt 10 21 2010 Transaction ID: 20101105_00226 Amount of Each Receipt this Period
,	FEC ID number of contributing federal political committee. Name of Employer Linds' Freeland Pharmacy	Occupatio Owner/M	n	300.00
-	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
.	Full Name (Last, First, Middle Initial) Ron Lind Mailing Address PO Box 99			Date of Receipt 1 1 9 2 0 1 0
	City	State WA	Zip Code	Transaction ID: 20101201_00208
	Freeland FEC ID number of contributing federal political committee.	C	98249	Amount of Each Receipt this Period 300.00
•	Name of Employer Linds' Freeland Pharmacy	Occupatio Owner/M		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 3000.00	
SU	IBTOTAL of Receipts This Page (optional))	700.00

ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146/2/4 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - PA	AC	
Full Name (Last, First, Middle Initial) Ken Lloyd			Date of Receipt
Mailing Address PO Box 441	M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0		
City Berry	State AL	Zip Code 35546-0441	Transaction ID: 20101105_00227 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Berry Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Ken Lloyd			Date of Receipt
Mailing Address PO Box 441			M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Berry	State AL	Zip Code 35546-0441	Transaction ID: 20101201_00209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33340-0441	50.00
Name of Employer Berry Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Richard N. Logan, Jr. Mailing Address 406 S Main St			M M / D D / Y Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City Charleston	State MO	Zip Code	Transaction ID: 20101105_00228
FEC ID number of contributing federal political committee.	C	63834-1644	Amount of Each Receipt this Period 100.00
Name of Employer L And S Discount Phcy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional			200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 274 (check only one) X	
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any persor g the name and address of any political committee to s Association - PAC	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Richard N. Logan, Jr. Mailing Address 406 S Main St		Date of Receipt 1 1 1 9 2 0 1 0	
City	State Zip Code	Transaction ID: 20101201_00210	
Charleston FEC ID number of contributing federal political committee.	MO 63834-1644	Amount of Each Receipt this Period	
Name of Employer L And S Discount Phcy	Occupation Owner/Manager	1	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Kenneth Long			
Mailing Address 433 W Hill St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 20101105_00229	
Thomson	GA 30824-2116	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer Longs Drug Stores of SC Inc.	Occupation Owner/Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		
Full Name (Last, First, Middle Initial) Kenneth Long		Date of Receipt	
Mailing Address 433 W Hill St		1 1 1 9 2 0 1 0	
City Thomson	State Zip Code GA 30824-2116	Transaction ID: 20101201_00211 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Longs Drug Stores of SC Inc.	Occupation Owner/Manager	1	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		
SUBTOTAL of Receipts This Page (option	al)	600.00	

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 274 (check only one) X 11a
\	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	ne name and addres	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
7	Full Name (Last, First, Middle Initial)	300iation - 1 AO		
A.	Ennie V. Lopez Mailing Address PO Box 356			Date of Receipt
	City	State	Zip Code	1 0 2 1 2 0 1 0 Transaction ID: 20101105_00230
	Caguas	PR	00726-0356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Farmacia Betances	Occupation Owner/Man	ager	
	Receipt For: Primary General Other (specify)		ear-to-Date ▼ 1100.00	
– В.	Full Name (Last, First, Middle Initial) Ennie V. Lopez			Date of Receipt
	Mailing Address PO Box 356			11 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20101201_00212
	Caguas	PR	00726-0356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Farmacia Betances	Occupation Owner/Man	ager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1100.00]
_ С.	Full Name (Last, First, Middle Initial) Rebecca Lott			Date of Receipt
	Mailing Address 1402 Newcastle St # 576	Mailing Address 1402 Newcastle St		
	City	State	Zip Code	Transaction ID: 20101105_00231
	Brunswick	GA	31520-7018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer City Drug Store	Occupation Owner/Man	ager	
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 275.00	
	SUBTOTAL of Receipts This Page (optional)			225.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 149 / 274 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists As	ne name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Rebecca Lott Mailing Address 1402 Newcastle St # 576 City Brunswick FEC ID number of contributing federal political committee.		^z ip Code 31520-7018	Date of Receipt M M M 1 9 2 0 1 0 Transaction ID: 20101201_00213 Amount of Each Receipt this Period 25.00
Name of Employer City Drug Store Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manag Aggregate Year-		
Full Name (Last, First, Middle Initial) Bradley A. Lueneburg Mailing Address 237 Hassan St SE City	State Z	lip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Hutchinson FEC ID number of contributing federal political committee. Name of Employer Family Rexall Drug Receipt For: Primary General	Occupation Owner/Manag Aggregate Year-	to-Date ▼	Amount of Each Receipt this Period 100.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) David B. Lutz Mailing Address 17 W Main St		1000.00	Date of Receipt
City Hummelstown FEC ID number of contributing federal political committee.		ip Code 17036-8712	Transaction ID: 20101105_00233 Amount of Each Receipt this Period 500.00
Name of Employer Rhoads Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manag Aggregate Year-		
SUBTOTAL of Receipts This Page (optional)			625.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any persor the name and address of any political committee to s Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Claire B. Mackiewicz Mailing Address 19 N Main St City Holland FEC ID number of contributing federal political committee. Name of Employer Holland Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code NY 14080-9509 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Claire B. Mackiewicz Mailing Address 19 N Main St City Holland FEC ID number of contributing federal political committee. Name of Employer Holland Pharmacy Inc Receipt For: Primary General	State Zip Code NY 14080-9509 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Eddie M. Madden Mailing Address 101 College Ave City Elberton FEC ID number of contributing federal political committee. Name of Employer Maddens Pharmacy Receipt For: Primary General Other (specify)	State Zip Code GA 30635-1705 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	tatements may not be sold or used by any personame and address of any political committee to ociation - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) Eddie M. Madden Mailing Address 101 College Ave City Elberton FEC ID number of contributing federal political committee.	State Zip Code GA 30635-1705	Date of Receipt M M
	Name of Employer Maddens Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	
 3.	Full Name (Last, First, Middle Initial) Jerid Maddox Mailing Address 501 Teaco Rd City	State Zip Code	Date of Receipt M M
	Kennett FEC ID number of contributing federal political committee. Name of Employer	MO 63857-3721 C Occupation	Amount of Each Receipt this Period 50.00
	Teko Pharmacý Receipt For: Primary General Other (specify) ▼	Owner/Manager Aggregate Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) Jerid Maddox Mailing Address 501 Teaco Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Kennett FEC ID number of contributing federal political committee.	State Zip Code MO 63857-3721	Transaction ID: 20101201_00217 Amount of Each Receipt this Period 50.00
	Name of Employer Teko Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		200.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any persible name and address of any political committee to ssociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert L. Maher, Jr. Mailing Address 321 Learning Bayer City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Duquesne Univesity School of Pharmacy Receipt For: Primary General Other (specify)	Center 600 Forb State Zip Code PA 15282 C Occupation Pharmacist Aggregate Year-to-Date 275.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0
Full Name (Last, First, Middle Initial) Robert L. Maher, Sr. Mailing Address PO Box 45 City Patton FEC ID number of contributing federal political committee. Name of Employer Patton Pharmacy And V And S Variety Receipt For: Primary General Other (specify)	State Zip Code PA 16668-0045 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert L. Maher, Sr. Mailing Address PO Box 45 City Patton FEC ID number of contributing federal political committee. Name of Employer Patton Pharmacy And V And S Variety Receipt For: Primary General Other (specify)	State Zip Code PA 16668-0045 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	225.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any persone name and address of any political committee to association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert L. Maher, Jr. Mailing Address 321 Learning Bayer (City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Duquesne Univesity School of Pharmacy Receipt For: Primary General Other (specify)	Center 600 Forb State Zip Code PA 15282 C Occupation Pharmacist Aggregate Year-to-Date 275.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00219 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Nasir Mahmood Mailing Address PO Box 339 City Pine Plains FEC ID number of contributing federal political committee. Name of Employer Pine Plains Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code NY 12567-0339 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00239 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Nasir Mahmood Mailing Address PO Box 339 City Pine Plains FEC ID number of contributing federal political committee. Name of Employer Pine Plains Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code NY 12567-0339 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the Collection only only
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	the name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Vijay T. Maktal Mailing Address 325 Raritan Ave City Highland Park FEC ID number of contributing federal political committee. Name of Employer Saiff Drugs Receipt For:	State Zip Code NJ 08904-2701 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Vijay T. Maktal Mailing Address 325 Raritan Ave City Highland Park	1100 State Zip Code NJ 08904-2701	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Saiff Drugs Receipt For: Primary General Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date	0.00
Full Name (Last, First, Middle Initial) Matt Mallinson Mailing Address 11200 1/2 E US Hig City Sugar Creek FEC ID number of contributing federal political committee.	State Zip Code MO 64054-1514	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Matts Medicine Store Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1650	0.00
SUBTOTAL of Receipts This Page (optional	l)	350.00

	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) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
	/		AC	1
Α.	Full Name (Last, First, Middle Initial) Matt Mallinson			Date of Receipt
	Mailing Address 11200 1/2 E US Highw	11 19 2010		
	City Sugar Creek	State MO	Zip Code 64054-1514	Transaction ID: 20101201_00222 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Matts Medicine Store	Occupatio Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
- В.	Full Name (Last, First, Middle Initial) W. P. Malone	!		Date of Receipt
	Mailing Address 518 Clay St			111 03 2010
	City Arkadelphia	State AR	Zip Code 71923-6024	Transaction ID: 20101201_00224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Allcare Family Discount	Occupatio Owner/M		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00	
С. С.	Full Name (Last, First, Middle Initial) W. P. Malone			Date of Receipt
	Mailing Address 518 Clay St			1 1 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101201_00223
	Arkadelphia FEC ID number of contributing federal political committee.	AR C	71923-6024	Amount of Each Receipt this Period 50.00
	Name of Employer Allcare Family Discount	Occupatio Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)			250.00
-	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 156 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sunil Mandalapu Mailing Address 735 Amsterdam Ave City New York FEC ID number of contributing federal political committee. Name of Employer New Amsterdam Drug Mart Inc Receipt For: Primary General Other (specify)			Date of Receipt M M
Full Name (Last, First, Middle Initial) Dave Manning Mailing Address 101 F St SW City Quincy FEC ID number of contributing federal political committee. Name of Employer Heartland Pharmacy Receipt For: Primary General Other (specify)			Date of Receipt M M 19 2010 Transaction ID: 20101201_00226 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Michael A Manuszewski Mailing Address 1728 Grand Island Blv City Grand Island FEC ID number of contributing federal political committee. Name of Employer Island Pharmacy Center Receipt For: Primary General Other (specify)	State Z		Date of Receipt M M / 21 / 2010 Transaction ID: 20101105_00243 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)			125.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 274 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacist	and Statements may not be sold or used by any persong the name and address of any political committee to a Association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael A Manuszewski Mailing Address 1728 Grand Islan City Grand Island FEC ID number of contributing	d Blvd State Zip Code NY 14072	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dave Marley Mailing Address 5008 Peters Cree	•	Date of Receipt 10 21 2010
City Winston Salem FEC ID number of contributing federal political committee.	State Zip Code NC 27127-7276	Transaction ID: 20101105_00244 Amount of Each Receipt this Period 100.00
Name of Employer Marley Drug Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 700.00	
Full Name (Last, First, Middle Initial) Dave Marley Mailing Address 5008 Peters Cree	k Pkwy	Date of Receipt
City Winston Salem FEC ID number of contributing federal political committee.	State Zip Code NC 27127-7276	Transaction ID: 20101201_00228 Amount of Each Receipt this Period 100.00
Name of Employer Marley Drug Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (option	nal)	250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	sociation - PAC	
	Full Name (Last, First, Middle Initial) Phillip L. Marsiglia		Date of Receipt
	Mailing Address 631 Cherry Hill Rd		10 21 2010
	City Baltimore	State Zip Code MD 21225-1228	Transaction ID: 20101105_00246 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer South Baltimore Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
	Full Name (Last, First, Middle Initial) Phillip L. Marsiglia		Date of Receipt
	Mailing Address 631 Cherry Hill Rd		1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 20101201_00229
	Baltimore	MD 21225-1228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer South Baltimore Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
_	Full Name (Last, First, Middle Initial) James L. Martin, Sr.		Date of Receipt
	Mailing Address 410 Golf Crest Ln		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 20101105_00247
	Lakeway	TX 78734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dripping Springs Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional) .		200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 274 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any personal the name and address of any political committee to Association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James L. Martin, Sr. Mailing Address 410 Golf Crest Ln		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Lakeway FEC ID number of contributing federal political committee.	State Zip Code TX 78734	Transaction ID: 20101201_00230 Amount of Each Receipt this Period 100.00
Name of Employer Dripping Springs Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Paul A. Martin Mailing Address 5201 Capitol Blvd S	SW	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Tumwater	State Zip Code WA 98501-4418	Transaction ID: 20101105_00248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Martins Southgate Drug Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 950.00	100.00
Full Name (Last, First, Middle Initial) Paul A. Martin Mailing Address 5201 Capitol Blvd S	SW	Date of Receipt 1 1 1 9 2 0 1 0
City Tumwater FEC ID number of contributing federal political committee.	State Zip Code WA 98501-4418 C	Transaction ID: 20101201_00231 Amount of Each Receipt this Period 100.00
Name of Employer Martins Southgate Drug	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts This Page (optional	J)	300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 274 (check only one) X 11a
or f	r information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and addr	not be sold or used by any persects of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	National Community Pharmacists As	ssociation - PA	С	
٠.	Full Name (Last, First, Middle Initial) Ronald G. Matthews			Date of Receipt
-	Mailing Address 101 Canal St			10 21 2010
	City Ellenville	State NY	Zip Code 12428-1403	Transaction ID: 20101105_00249 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
Ī	Name of Employer Matthews Pharmacy	Occupation Owner/Ma		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1100.00	
	Full Name (Last, First, Middle Initial) Ronald G. Matthews			Date of Receipt
	Mailing Address 101 Canal St			1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101201_00232
	Ellenville FEC ID number of contributing federal political committee.	C	12428-1403	Amount of Each Receipt this Period 100.00
•	Name of Employer Matthews Pharmacy	Occupation Owner/Ma		
Ī	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1100.00	
	Full Name (Last, First, Middle Initial) William V. Mattson			Date of Receipt
١	Mailing Address 410 S Meier Rd			10 21 2010
	City Mount Prospect	State IL	Zip Code 60056	Transaction ID: 20101105_00250 Amount of Each Receipt this Period
Ī	FEC ID number of contributing federal political committee.	C	00000	150.00
Ī	Name of Employer Ballin Pharmacy Inc	Occupation Owner/Ma		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 1650.00	
	JBTOTAL of Receipts This Page (optional)	-1		350.00

er than using the name and Full) armacists Association - e Initial) eier Rd State IL Occupa Owner Aggreg	Address of any political committee to PAC Zip Code 60056	Date of Receipt Date of Receipt 1 1 9
e Initial) eier Rd State IL C Occupa Owner Aggreg	Zip Code 60056 ation r/Manager jate Year-to-Date ▼	Transaction ID: 20101201_00233 Amount of Each Receipt this Period
eier Rd State IL Occupa Owner Aggreg	ation r/Manager pate Year-to-Date 1650.00	Transaction ID: 20101201_00233 Amount of Each Receipt this Period
State IL Occupa Owner Aggreg	ation r/Manager pate Year-to-Date 1650.00	Transaction ID: 20101201_00233 Amount of Each Receipt this Period
IL Occupa Owner Aggreg	ation r/Manager pate Year-to-Date 1650.00	Amount of Each Receipt this Period
Occupa Owner Aggreg	ation r/Manager pate Year-to-Date ▼	
Owner Aggreg	/Manager late Year-to-Date ▼ 1650.00	
ral	1650.00	
		_
e Initial)		Date of Receipt
ket St		10 21 2010
State PA	Zip Code 17061	Transaction ID: 20101105_00251
C C	17001	Amount of Each Receipt this Period 100.00
Occupa Owner	ation r/Manager	
Aggreg	ate Year-to-Date ▼ 1100.00	
e Initial)		Date of Receipt
cet St		M M / D D / Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
State PA	Zip Code 17061	Transaction ID: 20101201_00234 Amount of Each Receipt this Period
C C	17001	100.00
Occupa Owner		
1	ate Year-to-Date ▼ 1100.00	
ral		350.00
	Owner	Owner/Manager Aggregate Year-to-Date ▼

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 2 / 4 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - PA	4C	
Full Name (Last, First, Middle Initial) Kevin McClimon			Date of Receipt
Mailing Address 115 State St			10 21 2010
City Bellevue	State IA	Zip Code 52031-1307	Transaction ID: 20101105_00252 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Bellevue Pharmacy, Inc.	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Kevin McClimon	I		Date of Receipt
Mailing Address 115 State St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bellevue	State IA	Zip Code 52031-1307	Transaction ID: 20101201_00235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Bellevue Pharmacy, Inc.	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Leigh McConchie			Date of Receipt
Mailing Address 1 Main Street			M M / D D / Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City Lake Luzerne	State NY	Zip Code	Transaction ID: 20101105_00253
FEC ID number of contributing federal political committee.	C	12846	Amount of Each Receipt this Period
Name of Employer Stone's Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (option	I nal)	_	160.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to sussociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leigh McConchie Mailing Address 1 Main Street City Lake Luzerne FEC ID number of contributing federal political committee. Name of Employer Stone's Pharmacy	State Zip Code NY 12846 C Occupation Owner/Manager	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Beth McCullough Mailing Address 121 E Van Buren Ste C City Eureka Springs FEC ID number of contributing federal political committee. Name of Employer Medical Park Pharmacy Receipt For:	State Zip Code AR 72632 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beth McCullough Mailing Address 121 E Van Buren	1375.00	Date of Receipt
Ste C City Eureka Springs FEC ID number of contributing federal political committee.	State Zip Code AR 72632	Transaction ID: 20101201_00237 Amount of Each Receipt this Period 125.00
Name of Employer Medical Park Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date ▼ 1375.00	
SUBTOTAL of Receipts This Page (optional)	350.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 274 (check only one) X 11a
Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Ful National Community Pharm	nan using the name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle In Steven McDaniel Mailing Address 5901 Bell S Ste C-32 City Amarillo FEC ID number of contributing federal political committee. Name of Employer Southpark Pharmacy			Date of Receipt 10 21 2010 Transaction ID: 20101105_00255 Amount of Each Receipt this Period 120.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1280.00	
Full Name (Last, First, Middle In Steven McDaniel Mailing Address 5901 Bell S Ste C-32 City Amarillo FEC ID number of contributing federal political committee.	State TX	Zip Code 79109-6263	Date of Receipt M
Name of Employer Southpark Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/M Aggregate]
Full Name (Last, First, Middle In Randolph E McEwen Mailing Address 3450 E Flet Ste 120 City Tampa FEC ID number of contributing federal political committee.	,	Zip Code 33613	Date of Receipt M M
Name of Employer Next Dose Pharmacy Receipt For: Primary General	Occupation Presiden Aggregate		
Other (specify) ▼ SUBTOTAL of Receipts This Pag	e (optional)	0 0 0 0 0 0 0	605.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Larry T. McIntosh Mailing Address 10227 Hartshill Ln City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Pharmax Pharmacy #1302 Receipt For: Primary General Other (specify)	State MO C Occupatio Presiden Aggregate		Date of Receipt M M Z 1 Z 1 Z 0 1 0 Transaction ID: 20101105_00257 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Larry T. McIntosh Mailing Address 10227 Hartshill Ln City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Pharmax Pharmacy #1302 Receipt For: Primary General Other (specify) Other (specify)	State MO C Occupatio Presiden Aggregate		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
Full Name (Last, First, Middle Initial) Richard Lee McLaren Mailing Address 451 N Main St City Freeport FEC ID number of contributing federal political committee. Name of Employer Thomas Pharmacy Receipt For: Primary General Other (specify)	State NY C Occupatio Owner/N Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 2/4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - PA	AC	
Full Name (Last, First, Middle Initial) Richard Lee McLaren			Date of Receipt
Mailing Address 451 N Main St			M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 9 2 0 1 0
City Freeport	State NY	Zip Code 11520-1252	Transaction ID: 20101201_00239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Thomas Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Steve A. McLean			Date of Receipt
Mailing Address 801 S Main St			10 21 2010
City Laurinburg	State NC	Zip Code 28352-4724	Transaction ID: 20101105_00259
FEC ID number of contributing federal political committee.	C	20332-4724	Amount of Each Receipt this Period 50.00
Name of Employer Medicine Shoppe	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Steve A. McLean			Date of Receipt
Mailing Address 801 S Main St			M M / D D / Y Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Laurinburg	State NC	Zip Code 28352-4724	Transaction ID: 20101201_00240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20032-4724	50.00
Name of Employer Medicine Shoppe	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional	al)		125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 274 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - PAC	
Full Name (Last, First, Middle Initial) Warren G. Meador		Date of Receipt
Mailing Address PO Box 1749		10 21 7 2010
City Elk City	State Zip Code OK 73648-1749	Transaction ID: 20101105_00260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Meador Drug	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Warren G. Meador		Date of Receipt
Mailing Address PO Box 1749		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00242
Elk City	OK 73648-1749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Meador Drug	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1650.00	
Full Name (Last, First, Middle Initial) Cheryl Meek		Date of Receipt
Mailing Address 5879 Sr 92 Suite 3	Lenox Plaza	10 21 2010
City	State Zip Code	Transaction ID: 20101105_00261
Kingsley	PA 18826-9751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Lenox Pharmacy Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional	J)	350.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page FOR LINE NUMBER: PAGE 168/27
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold o	or used by any person for the purpose of soliciting contributions olitical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacis		
Full Name (Last, First, Middle Initial) Cheryl Meek		Date of Receipt
Mailing Address 5879 Sr 92 Suite	3 Lenox Plaza	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kingsley	State Zip Code PA 18826-9	Transaction ID: 20101201_00243
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Lenox Pharmacy Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	550.00
Full Name (Last, First, Middle Initial) Lonnie L. Meredith		Date of Receipt
Mailing Address 100 Savee		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Haskell	State Zip Code TX 79521-0	1141104101111121
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer The Drug Store	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1200.00
Full Name (Last, First, Middle Initial) Jerry Meyers		Date of Receipt
Mailing Address 20914 Roscoe B	lvd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Canoga Park	State Zip Code CA 91304-4	Transaction ID: 20101105_00263
FEC ID number of contributing federal political committee.	C 91304-4	Amount of Each Receipt this Period 100.00
Name of Employer DeSoto Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1100.00
SUBTOTAL of Receipts This Page (opti	nnal)	350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 274 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	name and addres	ot be sold or used by any persons ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. .	Full Name (Last, First, Middle Initial) Jerry Meyers Mailing Address 20914 Roscoe Blvd City Canoga Park FEC ID number of contributing federal political committee.	State CA	Zip Code 91304-4308	Date of Receipt M
_	Name of Employer DeSoto Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Man Aggregate Ye	ager ear-to-Date ▼ 1100.00	
3.	Full Name (Last, First, Middle Initial) Kerry S. Milano Mailing Address 3544 W Esplanade Av	enue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Metairie	State LA	Zip Code 70002	Transaction ID: 20101105_00264 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000	150.00
	Name of Employer Giuffria Inc /Chateau Dru-	Occupation Owner/Man	ager	
	Receipt For: Primary General Other (specify)	, '	ager ear-to-Date ▼ 1650.00	
_	Full Name (Last, First, Middle Initial) Kerry S. Milano			Date of Receipt
•	Mailing Address 3544 W Esplanade Av	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20101201_00245
	<u>Metairie</u>	LA	70002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Giuffria Inc /Chateau Dru- gs	Occupation Owner/Man	ager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1650.00	
[SUBTOTAL of Receipts This Page (optional)	1		400.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1707274 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - P	4C	
Full Name (Last, First, Middle Initial) Amy Miller			Date of Receipt
Mailing Address PO Box 436	1 0 2 1 2 0 1 0		
City Lula	State GA	Zip Code 30554-0436	Transaction ID: 20101105_00265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00004 0400	25.00
Name of Employer Lula Pharmacy And Foothil- Is Gift Shop Receipt For: Primary Other (specify) ▼	Occupatio Owner/M Aggregate		
Full Name (Last, First, Middle Initial) Amy Miller			Date of Receipt
Mailing Address PO Box 436	11 19 YYYY 2010		
City Lula	State GA	Zip Code 30554-0436	Transaction ID: 20101201_00246 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00004 0400	25.00
Name of Employer Lula Pharmacy And Foothil- Is Gift Shop	Occupation Owner/M		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Bethany L. Miller			Date of Receipt
Mailing Address 10 W Brdway			1 0 2 1 2 0 1 0
City Red Lion	State PA	Zip Code 17356-2102	Transaction ID: 20101105_00266 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17000 2102	75.00
Name of Employer Lion Pharmacy	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 825.00	
SUBTOTAL of Receipts This Page (optional	al)		125.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bethany L. Miller Mailing Address 10 W Brdway City Red Lion FEC ID number of contributing federal political committee. Name of Employer Lion Pharmacy Receipt For: Primary General	State Zip Code PA 17356-2102 C Occupation President Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) David J. Miller Mailing Address 4021 Cascade Rd SE Ste 50 City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MI 49546-2149 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00268 Amount of Each Receipt this Period 200.00
Partners in Pharmacy Cooperative Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) David M. Miller Mailing Address 678 Wyckoff Ave	Owner/Manager Aggregate Year-to-Date ▼ 2200.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wyckoff FEC ID number of contributing federal political committee.	State Zip Code NJ 07481-1430	Transaction ID: 20101105_00267 Amount of Each Receipt this Period 100.00
Name of Employer Miller's of Wyckoff, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 700.00	
SUBTOTAL of Receipts This Page (optional)	·······	375.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for con	mation copied from such Reports and Stanmercial purposes, other than using the EOF COMMITTEE (In Full) nal Community Pharmacists Asso	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
David	ame (Last, First, Middle Initial) M. Miller g Address 678 Wyckoff Ave	State NJ	Zip Code 07481-1430	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
FEC I federa	D number of contributing I political committee.	C		Amount of Each Receipt this Period 100.00
Recei	of Employer s of Wyckoff, Inc. ot For: Primary	Occupation Owner/M Aggregate		
B. David	ame (Last, First, Middle Initial) J. Miller g Address			Date of Receipt 1 1 1 9 2 0 1 0
FEC I	d Rapids D number of contributing I political committee.	State MI	Zip Code 49546-2149	Transaction ID: 20101201_00249 Amount of Each Receipt this Period 200.00
<u>erative</u> Recei	i i	Occupation Owner/M Aggregate		
Laird N	Full Name (Last, First, Middle Initial) Laird Miller Mailing Address 4515 Arlington Ct			Date of Receipt 1 0 2 1 2 0 1 0
City <u>Gain</u>	esville	State GA	Zip Code 30506	Transaction ID: 20101105_00269 Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C		100.00
Recei		Occupation Owner/M Aggregate		
	Primary ☐ General Other (specify) ▼		1400.00	
SUBTO	FAL of Receipts This Page (optional)			400.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 274 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Laird Miller Mailing Address 4515 Arlington Ct	State	Zip Code	Date of Receipt 1 1 9 2 0 1 0
	City Gainesville FEC ID number of contributing federal political committee.	State GA	30506	Transaction ID: 20101201_00250 Amount of Each Receipt this Period 100.00
	Name of Employer Medical Park Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/M Aggregate		
3.	Full Name (Last, First, Middle Initial) Michael W. Minesinger Mailing Address 311 N Western Ave	1		Date of Receipt 1 0 2 1 2 0 1 0
	City Peoria FEC ID number of contributing	State IL	Zip Code 61604	Transaction ID: 20101105_00270 Amount of Each Receipt this Period
	federal political committee. Name of Employer American Pharmacy of Illinois Receipt For: Primary General Other (specify)	Occupation Presiden Aggregate		100.00
<u> </u>	Full Name (Last, First, Middle Initial) Michael W. Minesinger Mailing Address 311 N Western Ave	1		Date of Receipt 1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101201_00252
	Peoria FEC ID number of contributing federal political committee.	C	61604	Amount of Each Receipt this Period
	Name of Employer American Pharmacy of Illi- nois	Occupation President	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00]
	SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Community Pharma	cists Association - PAC	
Full Name (Last, First, Middle Initia Martin B. Mintz	,	Date of Receipt
Mailing Address 6701 Harford		10 21 2010
City <u>Baltimore</u>	State Zip Code MD 21234	Transaction ID: 20101105_00271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Northern Pchy And Med Equ- ipment`	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initia Martin B. Mintz Mailing Address 6701 Harford	,	Date of Receipt
		11 / 19 / 2010
City Baltimore	State Zip Code MD 21234	Transaction ID: 20101201_00253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Northern Pchy And Med Equipment	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initia Dwayne R. Mitchell		Date of Receipt
Mailing Address 116 Jimmie D	avis Blvd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code LA 71251-3355	Transaction ID: 20101201_00254
Jonesboro FEC ID number of contributing federal political committee.	LA 71251-3355	Amount of Each Receipt this Period 100.00
Name of Employer Mitchell's Pharmacy Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this lin	e number only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any persele name and address of any political committee to	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC	
<u></u>	Full Name (Last, First, Middle Initial) Bill D. Moore		Date of Receipt
	Mailing Address 1306 12th Ave NW		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00276
	Ardmore FEC ID number of contributing federal political committee.	OK 73401-1285	Amount of Each Receipt this Period 300.00
	Name of Employer Henry Roberts Express Pha- rmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	
	Full Name (Last, First, Middle Initial) Bill D. Moore		Date of Receipt
	Mailing Address 1306 12th Ave NW	11 19 2010	
	City	State Zip Code	Transaction ID: 20101201_00255
	<u>Ardmore</u>	OK 73401-1285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Henry Roberts Express Pha- rmacy	Occupation Owner/Manager	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	3300.00	
	Full Name (Last, First, Middle Initial) Clay W. Moore		Date of Receipt
	Mailing Address 11101 Hefner Pointe Ste 101	Dr	10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 20101105_00273
	Oklahoma City FEC ID number of contributing federal political committee.	OK 73120-5054	Amount of Each Receipt this Period 50.00
	Name of Employer Medic Pharmacy Hefner Poi-	Occupation Owner/Manager	
	nte Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	550.00	
Г			650.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 274 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Community Pharmac	rts and Statements may not be sold or used by any persusing the name and address of any political committee to sts Association - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Clay W. Moore Mailing Address 11101 Hefner For Ste 101 City Oklahoma City FEC ID number of contributing federal political committee.	State Zip Code OK 73120-5054	Date of Receipt 1 1 9 2 0 1 0 Transaction ID: 20101201_00257 Amount of Each Receipt this Period 50.00
Name of Employer Medic Pharmacy Hefner Poi- nte Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 550.00	
Full Name (Last, First, Middle Initial) Steven F. Moore Mailing Address 28 Montcalm A City	ve State Zip Code	Date of Receipt M M
Plattsburgh FEC ID number of contributing federal political committee. Name of Employer Condo Pharmacy Receipt For: Primary General	Occupation Owner/Manager Aggregate Year-to-Date 1650.00	Amount of Each Receipt this Period 150.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Steven F. Moore Mailing Address 28 Montcalm A City	0 0 0 0 0 0 0 0	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Plattsburgh FEC ID number of contributing federal political committee.	NY 12901-1533	Amount of Each Receipt this Period 150.00
Name of Employer Condo Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1650.00	
SUBTOTAL of Receipts This Page (or	otional)	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 177 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold o name and address of any po	r used by any perso olitical committee to		
NAME OF COMMITTEE (In Full) National Community Pharmacists Asso	ociation - PAC			
Full Name (Last, First, Middle Initial) William O. Moore			Date of Receipt	
Mailing Address 101 W Sinton St Ste B			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code		Transaction ID: 20101105_00275	
Sinton	TX 78387-29	552	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		200.00	
Name of Employer Moores Pharmacy	Occupation Owner/Manager			
Receipt For:	Aggregate Year-to-Date	▼	1	
Primary General Other (specify) ▼		1500.00		
Full Name (Last, First, Middle Initial) William O. Moore			Date of Receipt	
Mailing Address 101 W Sinton St Ste B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	!	Transaction ID: 20101201_00259	
Sinton				
FEC ID number of contributing federal political committee.	С		200.00	
Name of Employer Moores Pharmacy	Occupation Owner/Manager			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1500.00		
Full Name (Last, First, Middle Initial) Garry Moreland			Date of Receipt	
Mailing Address 124 N Congress St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	!	Transaction ID: 20101105_00277	
Rushville	IL 62681-14	434	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer Moreland And Devitt Inc	Occupation President			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	550.00		
SUBTOTAL of Receipts This Page (optional)		······································	450.00	

TOTAL This Period (last page this line number only)

A.

В.

C.

CHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER: PAGE 178 / 274
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
TEMPLES RESERVED			X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Departs on	d Ctatamanta ma		
Any information copied from such Reports an or for commercial purposes, other than using	the name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Community Pharmacists A	Association - P	AC	
,			
Full Name (Last, First, Middle Initial) Garry Moreland			Date of Receipt
Mailing Address 124 N Congress St			M M / D D / Y Y Y Y
Maining Address St			11 19 2010
City	State	Zip Code	Transaction ID: 20101201_00260
Rushville	IL	62681-1434	Amount of Each Receipt this Period
FEC ID number of contributing			50.00
federal political committee.	C		50.00
Name of Employer Moreland And Devitt Inc	Occupation	on .	
Moreland And Devitt Inc	Presider	nt	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		550.00	1
Other (specify) ▼		550.00	
Full Name (Last, First, Middle Initial) David K. Morio	ıll Name (Last, First, Middle Initial) avid K. Morio		
Mailing Address 5303 Pacific Hwy E			Date of Receipt
			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00278
<u>Fife</u>	WA	98424-2679	Amount of Each Receipt this Period
FEC ID number of contributing	С		36.50
federal political committee.	0		
Name of Employer Fife Pharmacy And Gifts	Occupation	n	
File Pharmacy And Girts	Owner/N	1anager	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		292.00	1
Other (specify)			J
Full Name (Last, First, Middle Initial)			
Joseph A. Mosso, Sr.			Date of Receipt
Mailing Address 304 Saint Johns Dr			M M / D D / Y Y Y Y
City	State	Zip Code	10 21 2010
Latrobe	State PA	2ip Code 15650-1022	Transaction ID: 20101105_00279 Amount of Each Receipt this Period
		10000-1022	
FEC ID number of contributing federal political committee.	C		100.00
			_
Name of Employer Mosso's Pharmacy	Occupation		
	Owner/N		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		1100.00	
		0 0 0 0 0 0 0	1
SUBTOTAL of Receipts This Page (optiona	D		186.50
age (optiona	·, ······		

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page and Statements may not be sold or used by any persor	(check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph A. Mosso, Sr. Mailing Address 304 Saint Johns D		Date of Receipt
Walling Address 504 Sairit Johns D	I	11 19 2010
City	State Zip Code	Transaction ID: 20101201_00261
Latrobe FEC ID number of contributing federal political committee.	PA 15650-1022	Amount of Each Receipt this Period 100.00
Name of Employer Mosso's Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Deann Mullins		Date of Receipt
Mailing Address 830 Ohio Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00280
Lynn Haven FEC ID number of contributing federal political committee.	FL 32444-2352	Amount of Each Receipt this Period
Name of Employer Mullins Pharmacy, Inc.	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Deann Mullins		Date of Receipt
Mailing Address 830 Ohio Ave		1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 20101201_00262
Lynn Haven	FL 32444-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Mullins Pharmacy, Inc.	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
SUBTOTAL of Receipts This Page (option	al)	400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 2 / 4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - P	AC	
Full Name (Last, First, Middle Initial) Michael C. Murphy			Date of Receipt
Mailing Address 195 E Peace St	M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0		
City Canton	State MS	Zip Code 39046	Transaction ID: 20101105_00281
FEC ID number of contributing federal political committee.	C	39040	Amount of Each Receipt this Period 25.00
Name of Employer Mississippi Discount Drugs	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Michael C. Murphy			Date of Receipt
Mailing Address 195 E Peace St	M M / D D / Y Y Y Y 1 1 1 1 9 2 0 1 0		
City Canton	State MS	Zip Code 39046	Transaction ID: 20101201_00398 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03040	25.00
Name of Employer Mississippi Discount Drugs	Occupation Owner/M		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Fanny Musto			Date of Receipt
Mailing Address 1409 Wickapecko	Dr		M M / D D / Y Y Y Y Y 1 Y 1 1 0 2 1 2 0 1 0
City Ocean	State NJ	Zip Code 07712-4201	Transaction ID: 20101105_00282
FEC ID number of contributing federal political committee.	C	0//12-4201	Amount of Each Receipt this Period
Name of Employer Wickapecko Pharmacy & Med- ical Supplies	Occupation Owner/M	anager	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (options			150.00

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) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may		13 14 15 16
NAME OF COMMITTEE (In Full) National Community Pharmacists Ass			solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Fanny Musto			Date of Receipt
Mailing Address 1409 Wickapecko Dr			M M / D D / Y Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Ocean	State NJ	Zip Code 07712-4201	Transaction ID: 20101201_00263
FEC ID number of contributing federal political committee.	C	07712-4201	Amount of Each Receipt this Period 100.00
Name of Employer Wickapecko Pharmacy & Med- ical Supplies	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) Dave Nation			Date of Receipt
Mailing Address 3030 Burlew Blvd # B			10 21 2010
City Owensboro	State KY	Zip Code 42303-6486	Transaction ID: 20101105_00283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Nations Medicines	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dave Nation			Date of Receipt
Mailing Address 3030 Burlew Blvd # B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Owensboro	State KY	Zip Code 42303-6486	Transaction ID: 20101201_00264 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Nations Medicines	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			200.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 274 (check only one) X
or for	nformation copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) lational Community Pharmacists Asse	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Л. <u>Р</u> М	ull Name (Last, First, Middle Initial) . Kevin Nestrick lailing Address 1151 W Iron Springs F Ste D ity	Rd State AZ	Zip Code 86305-1614	Date of Receipt 10 21 2010 Transaction ID: 20101105_00284 Amount of Each Receipt this Period
FI fe	EC ID number of contributing deral political committee. ame of Employer litius Health	C		150.00
_	eceipt For: Primary General Other (specify)	Owner/M		
3. <u>P</u>	ull Name (Last, First, Middle Initial) . Kevin Nestrick lailing Address 1151 W Iron Springs F Ste D	≀		Date of Receipt 1 1 1 9 2 0 1 0
<u>P</u> FI	ity Prescott EC ID number of contributing Ideral political committee.	State AZ	Zip Code 86305-1614	Transaction ID: 20101201_00265 Amount of Each Receipt this Period 150.00
A 	ame of Employer Iltius Health eceipt For: Primary General Other (specify) ▼	Occupation Owner/N Aggregate		1
G. <u>G</u>	ull Name (Last, First, Middle Initial) iregory Notaro lailing Address 1769 Orchard Park Rd			Date of Receipt
<u>V</u> FI	ity Vest Seneca EC ID number of contributing ederal political committee.	State NY	Zip Code 14224-4624	Transaction ID: 20101105_00285 Amount of Each Receipt this Period 100.00
_	ame of Employer Inion Medical Pharmacy	Occupatio Owner/M		
R	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1100.00	
SUE	BTOTAL of Receipts This Page (optional)			400.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Gregory Notaro Mailing Address 1769 Orchard Park Ro	d State	Zip Code	Date of Receipt M
	West Seneca	NY	14224-4624	Transaction ID: 20101201_00266 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17227 7027	100.00
	Name of Employer Union Medical Pharmacy	Occupation Owner/N	Manager	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	
В.	Full Name (Last, First, Middle Initial) Gerard O'Hare Mailing Address 66 W Pike St			Date of Receipt 10 21 2010
	City	State	Zip Code	Transaction ID: 20101105_00288
	Canonsburg	PA	15317-1314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Jeffrey's Drug Store, Inc. Receipt For:	Occupation Owner/N	Manager	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
С.	Full Name (Last, First, Middle Initial) Gerard O'Hare Mailing Address 66 W Pike St			Date of Receipt
	City	Stata	Zin Codo	11 19 2010
	City <u>Canonsburg</u>	State PA	Zip Code 15317-1314	Transaction ID: 20101201_00267 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Jeffrey's Drug Store, Inc.	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
	SUBTOTAL of Receipts This Page (optional)			400.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any person g the name and address of any political committee to s Association - PAC	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick A. O'Shea Mailing Address 509 N Main St City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Bridgewater Pharmacy Receipt For:	State Zip Code VA 22812-1626 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt 10 21 2010 Transaction ID: 20101105_00290 Amount of Each Receipt this Period 50.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick A. O'Shea	550.00	Date of Receipt
Mailing Address 509 N Main St City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Bridgewater Pharmacy Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22812-1626 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	M M
Full Name (Last, First, Middle Initial) Frank A. Odeh Mailing Address 3026 Javier Rd City Fairfax FEC ID number of contributing federal political committee. Name of Employer Prosperity Speciality Pharmacy Receipt For: Primary General Other (specify)	State Zip Code VA 22031-4636 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185/2/4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A			
Full Name (Last, First, Middle Initial) Frank A. Odeh			Date of Receipt
Mailing Address 3026 Javier Rd			M M / D D / Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Fairfax	State VA	Zip Code 22031-4636	Transaction ID: 20101201_00270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Prosperity Speciality Pha- rmacy	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Tony Ogden			Date of Receipt
Mailing Address 6415 Sands Dr			10 25 2010
City Pasadena	State TX	Zip Code 77505-3841	Transaction ID: 20101105_00287 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Groveway Pharmacy	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Tony Ogden			Date of Receipt
Mailing Address 6415 Sands Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pasadena	State TX	Zip Code 77505-3841	Transaction ID: 20101201_00271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77505-5041	250.00
Name of Employer Groveway Pharmacy	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	1'	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	x)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186/2/4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists			
Full Name (Last, First, Middle Initial) David J. Olig			Date of Receipt
Mailing Address 2400 32nd Ave S			M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0
City Fargo	State ND	Zip Code 58103-5800	Transaction ID: 20101105_00289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer South Pointe Pharmacy	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) David J. Olig			Date of Receipt
Mailing Address 2400 32nd Ave S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fargo	State ND	Zip Code 58103-5800	Transaction ID: 20101201_00272
FEC ID number of contributing federal political committee.	C	36103-3600	Amount of Each Receipt this Period 100.00
Name of Employer South Pointe Pharmacy	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Bill Osborn			Date of Receipt
Mailing Address 1505 E Bj Tunnell	Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Miami	State OK	Zip Code 74354-3801	Transaction ID: 20101201_00273
FEC ID number of contributing federal political committee.	C	74534-5001	Amount of Each Receipt this Period 100.00
Name of Employer Osborn Drugs, Inc.	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)		300.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	oied from such Reports and Stater urposes, other than using the nan MITTEE (In Full) Imunity Pharmacists Associa	ments may not be sold or used by any persone and address of any political committee to ation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last Richard S. Ost Mailing Address City Philadelphia FEC ID number federal political of Philadelphia Philadel	of contributing committee. yer (State Zip Code PA 19125 C C C C C C C C C C C C C C C C C C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last Richard S. Ost Mailing Address City Philadelphia FEC ID number federal political of Philadelphia Philade	of contributing committee. /er armacy General	State Zip Code PA 19125 C Decupation Dwner/Manager Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
George Papageo	of contributing committee.	State Zip Code CA 93444-1171 C Decupation Dwner/Manager Aggregate Year-to-Date 650.00	Date of Receipt M M / 21 / 2010 Transaction ID: 20101105_00292 Amount of Each Receipt this Period 50.00
SUBTOTAL of Re	eceipts This Page (optional)	·····	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) George Papageorge Mailing Address PO Box 1171 City Nipomo FEC ID number of contributing federal political committee. Name of Employer Nipomo Rexall Drugs Receipt For: Primary General	State Zip Code CA 93444-1171 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y 1 1 9 / 2 0 1 0 Transaction ID: 20101201_00275 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) James Parmer Mailing Address 1720 Hillcrest Dr City Vernon FEC ID number of contributing federal political committee. Name of Employer Family Pharmacy	State Zip Code TX 76384 C Occupation Pharmacist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) David M. Parry Mailing Address PO Box 488 417 Barclay Avenue City Pine River FEC ID number of contributing	State Zip Code MN 56474-0488	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Lakes Area Pharmacy Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 400.00	50.00
SUBTOTAL of Receipts This Page (optional	al)	600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 2 / 4 (check only one)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) David M. Parry Mailing Address PO Box 488 417 Barclay Avenue			Date of Receipt 1 1 1 9 2 0 1 0
	City Pine River FEC ID number of contributing federal political committee.	State MN	Zip Code 56474-0488	Transaction ID: 20101201_00276 Amount of Each Receipt this Period 50.00
	Name of Employer Lakes Area Pharmacy Receipt For: Primary General Other (specify) ▼	Occupatio Owner/M Aggregate		
В.	Full Name (Last, First, Middle Initial) Kari Pastorek Mailing Address 501 Hill Ave			Date of Receipt 10 19 2010
	City Grafton FEC ID number of contributing federal political committee.	State ND	Zip Code 58237-1443	Transaction ID: 7B6A8F9D22EA43571D3 Amount of Each Receipt this Period 100.00
	Name of Employer Grafton Drug Receipt For: Primary General Other (specify) ▼	Occupatio Owner/M Aggregate		reversal of Discover char- ge-back
С.	Full Name (Last, First, Middle Initial) Kari Pastorek Mailing Address 501 Hill Ave	1		Date of Receipt 1 0 2 1 2 0 1 0
	City Grafton FEC ID number of contributing federal political committee.	State ND	Zip Code 58237-1443	Transaction ID: 20101105_00295 Amount of Each Receipt this Period 100.00
	Name of Employer Grafton Drug Receipt For: Primary General Other (specify) ▼	Occupatio Owner/M Aggregate		
	SUBTOTAL of Receipts This Page (optional) .			250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 274 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	<u>-</u>	· ·	
Full Name (Last, First, Middle Initial) Kari Pastorek			Date of Receipt
Mailing Address 501 Hill Ave			M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Grafton	State ND	Zip Code 58237-1443	Transaction ID: 20101201_00277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30237 1773	100.00
Name of Employer Grafton Drug	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jan H. Pattillo			Date of Receipt
Mailing Address PO Box 112			10 21 2010
City Hamilton	State TX	Zip Code 76531-0112	Transaction ID: 20101105_00296 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Jordan Pharmacy	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Jan H. Pattillo			Date of Receipt
Mailing Address PO Box 112			M M / D D / Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City Hamilton	State TX	Zip Code 76531-0112	Transaction ID: 20101201_00278
FEC ID number of contributing federal political committee.	C	70331-0112	Amount of Each Receipt this Period 50.00
Name of Employer Jordan Pharmacy	Occupation Owner/Ma		
Receipt For: Primary General Other (specify) ▼	· ·	Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (option	nal)		200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(check drily drie)
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
National Community Pharmacists Asso	ociation - PAC	
Full Name (Last, First, Middle Initial) Howard Allan Pavia		Date of Receipt
Mailing Address 400 N Kaufman St		10 21 2010
City	State Zip Code	Transaction ID: 20101105_00297
Linden	TX 75563-5234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Linden Legend Drug Co Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.0	0
Full Name (Last, First, Middle Initial) Howard Allan Pavia		Date of Receipt
Mailing Address 400 N Kaufman St		1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 20101201_00279
Linden	TX 75563-5234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Linden Legend Drug Co Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.0	0
Full Name (Last, First, Middle Initial) La Rue N. Pavia		Date of Receipt
Mailing Address 403 N Kaufman St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00298
Linden	TX 75563-5234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer B2TF LTC Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.0	0
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 2/4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists /	Association - P	AC	
Full Name (Last, First, Middle Initial) La Rue N. Pavia			Date of Receipt
Mailing Address 403 N Kaufman St			M M / D D / Y Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
City Linden	State TX	Zip Code 75563-5234	Transaction ID: 20101201_00280 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer B2TF LTC Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) William A. Pearson			Date of Receipt
Mailing Address 1700 N Waterman	Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Bernardino	State CA	Zip Code 92404-5115	Transaction ID: 20101105_00299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Pearson Medical Group Pha-	Occupation Owner/M		
rmacy Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) William A. Pearson			Date of Receipt
Mailing Address 1700 N Waterman	Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Bernardino	State CA	Zip Code 92404-5115	Transaction ID: 20101201_00281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32707 3113	100.00
Name of Employer Pearson Medical Group Pha- rmacy	Occupation Owner/M	lanager	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any perso the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen D. Perine Mailing Address PO Box 707 City Rossville FEC ID number of contributing federal political committee. Name of Employer Dougs Pharmacy Receipt For:	State Zip Code KS 66533-0707 C Occupation Owner/Manager Aggregate Year-to-Date ▼	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
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen D. Perine	1000.00	Date of Receipt
Mailing Address PO Box 707 City Rossville FEC ID number of contributing federal political committee. Name of Employer Dougs Pharmacy Receipt For: Primary General Other (specify) ▼	State Zip Code KS 66533-0707 C Occupation Owner/Manager Aggregate Year-to-Date 1000.00	Transaction ID: 20101201_00282 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Chau Phan Mailing Address 1801 Country Place Ste 115 City Pearland FEC ID number of contributing federal political committee. Name of Employer Country Place Pharmacy	State Zip Code TX 77584 C Occupation Owner/Manager	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional		250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 274 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - PA	AC	
Full Name (Last, First, Middle Initial) Doug Phillips			Date of Receipt
Mailing Address 12 N 3rd St	10 21 2010		
City Altamont	State IL	Zip Code 62411-1408	Transaction ID: 20101105_00303 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	024111400	50.00
Name of Employer Altamont Pharmacy Inc	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Sid Pierson			Date of Receipt
Mailing Address 825 SE Bishop Blvd Ste 301			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pullman	State WA	Zip Code 99163	Transaction ID: 20101105_00304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00100	100.00
Name of Employer Sids Professional Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Sid Pierson			Date of Receipt
Mailing Address 825 SE Bishop Blv Ste 301	vd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pullman	State WA	Zip Code 99163	Transaction ID: 20101201_00283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33133	100.00
Name of Employer Sids Professional Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (option	nal)		250.00

SCHEDULE A (FEC Fori	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Community Pharmac	orts and Statements may not be sold or used by any using the name and address of any political committees ists Association - PAC	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Martin E. Pietruszewski Mailing Address 2890 Elmwoo City Buffalo FEC ID number of contributing federal political committee. Name of Employer Kenmore Rx Center		Date of Receipt M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00305 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initia Martin E. Pietruszewski Mailing Address 2890 Elmwoo	d Ave State Zip Code	Date of Receipt M M
Buffalo FEC ID number of contributing federal political committee. Name of Employer Kenmore Rx Center	NY 14217-1325 C Occupation	Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify)	Owner/Manager Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initia Larry D. Plunk, Jr. Mailing Address 8455 9th Ave		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Port Arthur FEC ID number of contributing federal political committee.	State Zip Code TX 77642	Transaction ID: 20101105_00306 Amount of Each Receipt this Period 100.00
Name of Employer King's Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (ptional)	200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 196 / 274 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may r the name and addr	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Community Pharmacists A	ssociation - PA	C	
Full Name (Last, First, Middle Initial) Larry D. Plunk, Jr.			Date of Receipt
Mailing Address 8455 9th Ave			M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00285
Port Arthur	TX	77642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer King's Pharmacy	Occupation		
Receipt For:	Owner/Ma		_
Primary General	Aggregate	/ear-to-Date ▼	1
Other (specify) ▼	0 0	1100.00	
Full Name (Last, First, Middle Initial) Peter A. Pogany			Date of Receipt
Mailing Address 611 Park Ave			M M / D D / Y Y Y Y
-			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00307
<u>Plainfield</u>	NJ	07060-1612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Rapps Pharmacy Inc	Occupation Owner/Ma	nagor	
Receipt For:		rrager /ear-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	900.00]
Full Name (Last, First, Middle Initial) Peter A. Pogany			Date of Receipt
Mailing Address 611 Park Ave			1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00286
<u>Plainfield</u>	NJ	07060-1612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Rapps Pharmacy Inc	Occupation Owner/Ma	nager	7
Receipt For:		/ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	900.00	
SUBTOTAL of Receipts This Page (optional))		300.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	ation copied from such Reports and St nercial purposes, other than using the OF COMMITTEE (In Full) aal Community Pharmacists Asso	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Ronald S Mailing A City Centra FEC ID federal p Name of Pooles I Receipt	Address 102 W Broad St al City number of contributing political committee. f Employer Pharmacy Care	State KY C Occupation Owner/M Aggregate	lanager e Year-to-Date ▼	Date of Receipt M M D D Z 1 Z 0 1 0
Full Nan Ronald S Mailing A City Centra FEC ID	Address 102 W Broad St	State KY	Zip Code 42330-1538	Date of Receipt M
Receipt Pr	f Employer Pharmacy Care For: rimary General ther (specify) ▼	Occupation Owner/M Aggregate		
C. Jerry Po Mailing / City Spring FEC ID	Address 1302 E Sunshine St	State MO	Zip Code 65804-1144	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt Pr	f Employer dicine Store For: rimary General ther (specify) ▼	Occupation Owner/M Aggregate		
SUBTOTA	AL of Receipts This Page (optional)			250.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jerry Popek Mailing Address 1302 E Sunshine St City Springfield FEC ID number of contributing federal political committee. Name of Employer The Medicine Store Receipt For: Primary General Other (specify)	State Zip Code MO 65804-1144 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00288 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Richard J. Porter Mailing Address PO Box 307 City Hampton FEC ID number of contributing federal political committee. Name of Employer Porters Village Rx Receipt For: Primary General	State Zip Code IL 61256-0307 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Z D J Z D D J Z D D D D D D D D
Full Name (Last, First, Middle Initial) Richard J. Porter Mailing Address PO Box 307 City Hampton FEC ID number of contributing federal political committee. Name of Employer Porters Village Rx Receipt For: Primary General Other (specify)	State Zip Code IL 61256-0307 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 274 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists As	he name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly G. Pratt		Date of Receipt
Mailing Address 1506 S Sunset Ave Ste A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 79339-4813	Transaction ID: 20101105_00311
Littlefield FEC ID number of contributing federal political committee.	TX 79339-4813	Amount of Each Receipt this Period 25.00
Name of Employer Kelly G Pratt	Occupation Owner/Manager	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Kelly G. Pratt		Date of Receipt
Mailing Address 1506 S Sunset Ave Ste A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Littlefield	State Zip Code TX 79339-4813	Transaction ID: 20101201_00290
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer Kelly G Pratt	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dared Price		Date of Receipt
Mailing Address 1213 Quail Ridge Ro	1	10 21 2010
City Enid	State Zip Code OK 73703	Transaction ID: 20101105_00312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Scheffe Prescription Shops	Occupation Pharmacist	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpos NAME OF COMMITT	es, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First Dared Price Mailing Address 12 City Enid FEC ID number of confederal political common Name of Employer Scheffe Prescription States Primary	State OK Intributing ttee. C C Chops Aggree General	73703 ation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Vestavia FEC ID number of co federal political comm Name of Employer Medical Center Pharm Receipt For: Primary	Middle Initial) Donna Dr State AL Intributing titee. C Occup Vice F Aggree General	zip Code 35226-2838	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First Kerry A. Prickett Mailing Address 74 City Vestavia FEC ID number of co federal political comm Name of Employer Medical Center Pharm Receipt For: Primary Other (specify)	Middle Initial) D Donna Dr State AL ntributing ittee. C Occup Vice F Aggree General	Zip Code 35226-2838	Date of Receipt M M M / D D / Y 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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16
A oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions
	P National Community Pharmacists Ass	sociation - PAC	
<i></i>	Full Name (Last, First, Middle Initial) Dennis R. Princing		Date of Receipt
	Mailing Address 333 S Michigan Ave	Olaha 7'a Olaha	10 21 2010
	City Saginaw	State Zip Code MI 48602-2024	Transaction ID: 20101105_00314 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Princing's Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
_	Full Name (Last, First, Middle Initial) Dennis R. Princing		Date of Receipt
	Mailing Address 333 S Michigan Ave	11 1 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 20101201_00293
	Saginaw	MI 48602-2024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Princing's Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
_	Full Name (Last, First, Middle Initial) Rissa H. Pryse		Date of Receipt
	Mailing Address 310 E Central Ave		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00315
	La Follette	TN 37766-3617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Terrys Pharmacy Inc	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
	NUDTOTAL of Descript This Description		300.00

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. All Name (Last, First, Middle Initial) Pissa H Pysia Mailing Address 310 E Central Ave City State Zip Code La Follette TN 3776-3617 FEC ID number of contributing federal political committee. Name of Employer Terrys Pharmacy in Coverption Other (specify) ▼ State Zip Code Transaction ID: 20101201_00298 B. Date of Receipt William (Last, First, Middle Initial) Darient M Pynn Mailing Address 105 W Miller St City State Zip Code Name of Employer FEC ID number of contributing federal political committee. City State Zip Code Name of Employer Newark Village Pharmacy Occupation Owner/Manager Occupation Owner/Manager Primary General Occupation Owner/Manager Occupation Owner/Manager Primary General Other (specify) ▼ Primary General Other (specify) ▼ State Zip Code Name of Employer Newark Village Pharmacy Occupation Owner/Manager Outher (specify) ▼ State Zip Code Name of Employer Newark Village Pharmacy Occupation Owner/Manager Primary General Other (specify) ▼ State Zip Code Name of Employer Newark Village Pharmacy Occupation Owner/Manager Owner/Manager Primary General Occupation Owner/Manager Owner/Manager Newark Village Pharmacy Occupation Owner/Manager Primary General Other (specify) ▼ Occupation Owner/Manager Owner/Manager Primary General Other (specify) ▼ Occupation Owner/Manager Owner/Manager Primary General Other (specify) ▼ Occupation Owner/Manager Owner/Manager Owner/Manager Owner/Manager Owner/Manager Primary General Other (specify) ▼ Date of Receipt Primary General Other (specify) ▼ Date of Receipt Primary General Other (specify) ▼ Date of Receipt Primary General Other		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Bissa H. Pryse Mailing Address 310 E Central Ave City City State Zip Code TN 37766-3617 FEC ID number of contributing federal political committee. Name of Employer City Mailing Address 105 W Miller St City State Zip Code Transaction ID: 20101201_00294 Amount of Each Receipt this Period Primary General Owner/Manager Period Year-to-Date ▼ Date of Receipt 100.00 Date of Receipt Transaction ID: 20101201_00294 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20101201_00294 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20101105_00317 Amount of Each Receipt This Period Date of Receipt 100.00 Date of Receipt Transaction ID: 20101105_00317 Amount of Each Receipt This Period City Name of Employer Newark Village Pharmacy Other (specify) ▼ Date of Receipt Transaction ID: 20101105_00317 Amount of Each Receipt This Period City State Zip Code NY 14513-1422 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 20101201_00295 Amount of Each Receipt This Period Date of Receipt Transaction ID: 20101201_00295 Amount of Each Receipt This Period Date of Receipt Transaction ID: 20101201_00295 Amount of Each Receipt This Period City State Zip Code NY 14513-1422 Apgregate Year-to-Date ▼ Date of Receipt Transaction ID: 20101201_00295 Amount of Each Receipt This Period City Transaction ID: 20101201_00295 Amount of Each Receipt This Period Date of Receipt Transaction ID: 20101201_00295 Amount of Each Receipt This Period City Transaction ID: 20101201_00295 Amount of Each Receipt This Period		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Primary General Other (specify) ▼ B. Date of Receipt Full Name (Last, First, Middle Initial) Daren M. Pynn Mailing Address 105 W Miller St City State Zip Code Newark NY 14513-1422 FEC ID number of contributing federal political committee. Name of Employer Newark Village Pharmacy Receipt For: Primary General Other (specify) ▼ FUIl Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 20101105_00317 Amount of Each Receipt this Period Power/Manager Receipt For: Primary General Other (specify) ▼ State Zip Code NY 14513-1422 Transaction ID: 20101201_00295 Amount of Each Receipt this Period Transaction ID: 20101201_00295 Amount of Each Receipt this Period Transaction ID: 20101201_00295 Amount of Each Receipt this Period Transaction ID: 20101201_00295 Amount of Each Receipt this Period Primary General Owner/Manager Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	A.	Rissa H. Pryse Mailing Address 310 E Central Ave City La Follette FEC ID number of contributing federal political committee.	TN C	37766-3617	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. Darren M. Pynn Mailing Address 105 W Miller St City State Zip Code NY 14513-1422 FEC ID number of contributing federal political committee. Name of Employer Newark Village Pharmacy C. Pull Name (Last, First, Middle Initial) Darren M. Pynn Mailing Address 105 W Miller St City State Zip Code NY 14513-1422 FUIL Name (Last, First, Middle Initial) Darren M. Pynn Mailing Address 105 W Miller St City State Zip Code NY 14513-1422 FEC ID number of contributing federal political committee. C. Name of Employer Newark Village Pharmacy City State Zip Code NY 14513-1422 FEC ID number of contributing federal political committee. Name of Employer Newark Village Pharmacy Coccupation Owner/Manager Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	_	Primary General		e Year-to-Date ▼	
FEC ID number of contributing federal political committee. Name of Employer Newark Village Pharmacy Receipt For: Primary General Other (specify) ▼ State Zip Code NY 14513-1422 FEC ID number of contributing federal political committee. Name of Employer Newark Nam	В.	Darren M. Pynn Mailing Address 105 W Miller St	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Aggregate Year-to-Date ▼ Other (specify) ▼ 250.00		FEC ID number of contributing federal political committee.	С		
Darren M. Pynn Mailing Address 105 W Miller St City State Zip Code Newark NY 14513-1422 FEC ID number of contributing federal political committee. Name of Employer Newark Village Pharmacy Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 20101201_00295 Amount of Each Receipt this Period 25.00		Receipt For: Primary General		e Year-to-Date ▼	
City State Zip Code Newark NY 14513-1422 Amount of Each Receipt this Period Transaction ID: 20101201_00295 Amount of Each Receipt this Period 25.00 C Occupation Owner/Manager Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 250.00 Transaction ID: 20101201_00295 Amount of Each Receipt this Period 25.00 25.00 Aggregate Year-to-Date 25.00 Aggregate Year-to-Date 250.00 Transaction ID: 20101201_00295 Amount of Each Receipt this Period 25.00 25.00 Aggregate Year-to-Date 25.00 Aggregate Year-to-Date 250.00	- C.	Darren M. Pynn			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Newark Village Pharmacy Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00		•		•	Transaction ID: 20101201_00295
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		FEC ID number of contributing		14513-1422	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Name of Employer Newark Village Pharmacy			
SUBTOTAL of Receipts This Page (optional)		Primary General		e Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional))	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 274 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	nd Statements may not be sold or used by any persong the name and address of any political committee to Association - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas M. Quinlan Mailing Address 107 N Main St		Date of Receipt
City Wayland FEC ID number of contributing	State Zip Code NY 14572-1033	Transaction ID: 20101105_00318 Amount of Each Receipt this Period
Name of Employer Quinlan Pharmacy Receipt For:	Occupation Owner/Manager Aggregate Year-to-Date ▼	200.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Thomas M. Quinlan	2200.00	Date (Date)
Thomas M. Quinlan Mailing Address 107 N Main St	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 20101201_00296
Wayland FEC ID number of contributing federal political committee.	NY 14572-1033	Amount of Each Receipt this Period 200.00
Name of Employer Quinlan Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	
Full Name (Last, First, Middle Initial) Stuart Rabinowitz	-	Date of Receipt
Mailing Address 194 Beach 116th S	St	10 21 2010
City	State Zip Code	Transaction ID: 20101105_00319
Rockaway Park FEC ID number of contributing federal political committee.	NY 11694-2417	Amount of Each Receipt this Period 50.00
Name of Employer Kings Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional	al)	450.00

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stuart Rabinowitz Mailing Address 194 Beach 116th St City Rockaway Park FEC ID number of contributing federal political committee. Name of Employer Kings Pharmacy	State Zip Code NY 11694-2417 C Occupation Owner/Manager	Date of Receipt 1 1 9 2 0 1 0 Transaction ID: 20101201_00297 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Michael Raduazzo Mailing Address 5Nern Boulevard City Greenvale FEC ID number of contributing federal political committee. Name of Employer Greenvale Pharmacy Receipt For: Primary General Other (specify)	State Zip Code NY 11548-1204 C Occupation Owner/Manager Aggregate Year-to-Date 275.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Michael Raduazzo Mailing Address 5Nern Boulevard City Greenvale FEC ID number of contributing federal political committee. Name of Employer Greenvale Pharmacy Receipt For: Primary General Other (specify)	State Zip Code NY 11548-1204 C Occupation Owner/Manager Aggregate Year-to-Date 275.00	Date of Receipt M M J 19 2010 Transaction ID: 20101201_00298 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		100.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James R. Rankin Mailing Address 1106 Brdway City Highland FEC ID number of contributing federal political committee. Name of Employer Family Care Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IL 62249-1917 C Occupation President Aggregate Year-to-Date 365.00	Date of Receipt M M / D D / 2 5 / 2 0 1 0 Transaction ID: 20101105_00321 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Richard Rasmuson Mailing Address 1320 E 200 S City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer University Pharmacy Receipt For: Primary General Other (specify)	State Zip Code UT 84102-2604 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00322 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Richard Rasmuson Mailing Address 1320 E 200 S City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer University Pharmacy Receipt For: Primary General Other (specify) ▼	State Zip Code UT 84102-2604 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		565.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mel Rauton, Jr. Mailing Address 783 High Battery Cir City Mount Pleasant FEC ID number of contributing federal political committee. Name of Employer Prescription Center Inc Receipt For: Primary Other (specify)	State Zip Code SC 29464-7820 C Occupation Owner/Manager Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Scott A. Rayl Mailing Address 114 S Huron Ave City Harbor Beach FEC ID number of contributing federal political committee. Name of Employer Harbor Drug	State Zip Code MI 48441-1201 C Occupation Owner/Manager	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Scott A. Rayl Mailing Address 114 S Huron Ave City Harbor Beach FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 1100.00 State Zip Code MI 48441-1201 C	Date of Receipt M M M
Name of Employer Harbor Drug Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1100.00	
SUBTOTAL of Receipts This Page (optional)		250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 274 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to a Association - PAC	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Harry S. Reece Mailing Address 129 W Main St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Mountain City	State Zip Code TN 37683-1307	Transaction ID: 20101105_00325
FEC ID number of contributing federal political committee.	TN 37683-1307	Amount of Each Receipt this Period
Name of Employer Family Prescription Center	Occupation Owner/Manager	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Harry S. Reece		Date of Receipt
Mailing Address 129 W Main St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mountain City	State Zip Code TN 37683-1307	Transaction ID: 20101201_00301 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Family Prescription Center	Occupation Owner/Manager	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Harold K. Reich		Date of Receipt
Mailing Address 39 W 10th St		1 0 2 1 2 0 1 0
City Tracy	State Zip Code CA 95376-3901	Transaction ID: 20101105_00326 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Harold K Reichs Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional) >	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 274 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any personal ename and address of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Harold K. Reich Mailing Address 39 W 10th St City Tracy FEC ID number of contributing federal political committee. Name of Employer Harold K Reichs Pharmacy Receipt For: Primary General Other (specify)	State Zip Code CA 95376-3901 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Levi Rice Mailing Address 1209 N Main St City Beaver Dam FEC ID number of contributing federal political committee. Name of Employer Rice Drugs	State Zip Code KY 42320-8955 C Occupation Owner/Manager	Date of Receipt M M M
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Levi Rice Mailing Address 1209 N Main St City Beaver Dam FEC ID number of contributing federal political committee. Name of Employer Rice Daylors	Aggregate Year-to-Date ▼ 550.00 State Zip Code KY 42320-8955 C	Date of Receipt M M M
Rice Drugs Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Owner/Manager Aggregate Year-to-Date ▼ 550.00	200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209/2/4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - PA	AC	
Full Name (Last, First, Middle Initial) Fleet W. Richards, Jr.			Date of Receipt
Mailing Address 932 N Main St			10 21 2010
City Chase City	State VA	Zip Code 23924-1139	Transaction ID: 20101105_00329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1	50.00
Name of Employer F W Richards Jr Inc	Occupation Owner/M		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Fleet W. Richards, Jr.			Date of Receipt
Mailing Address 932 N Main St			1 1 1 9 2 0 1 0
City Chase City	State VA	Zip Code 23924-1139	Transaction ID: 20101201_00304
FEC ID number of contributing federal political committee.	C	25924-1159	Amount of Each Receipt this Period 50.00
Name of Employer F W Richards Jr Inc	Occupation Owner/M		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Gordon Richards, Jr.			Date of Receipt
Mailing Address 324 E Main St			M M / D D / Y Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City Shawnee	State OK	Zip Code 74801	Transaction ID: 20101105_00330
FEC ID number of contributing federal political committee.	C	74001	Amount of Each Receipt this Period 50.00
Name of Employer Richards Drug, Inc.	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional			150.00

Mailing Address 324 E Main St City Shawnee OK 74801 FEC ID number of contributing federal political committee. Name of Employer Richards Mailing Address 201 E Park Ave City State Zip Code OK 74801 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Anaconda FEC ID number of contributing federal political committee. C State Zip Code MT 59711-2340 Full Name of Employer Thrifty Drug Store Inc Receipt For: Occupation President Aggregate Year-to-Date ▼ 100.00 Date of Receipt Transaction ID: 20101201_00305 Amount of Each Receipt this Period Transaction ID: 20101105_00331 Amount of Each Receipt Aggregate Year-to-Date ▼ 100.00 Transaction ID: 20101105_00331 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 1100.00 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Gordon Richards, Jr. Mailling Address 324 E Main St City State Zip Code Shawnee OK 74801 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael D. Richards Mailling Address 201 E Park Ave City State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael D. Richards Mailling Address 201 E Park Ave City Anaconda FEC ID number of contributing federal political committee. C. Mare of Employer Name of		or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Name of Employer Richards Drug, Inc. Occupation Owner/Manager	∠ A .	Gordon Richards, Jr. Mailing Address 324 E Main St City Shawnee	OK	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Michael D. Richards Mailing Address 201 E Park Ave City State Zip Code MT 59711-2340 FEC ID number of contributing federal political committee. C. Primary General Other (specify) ▼ State Zip Code Minitial) City Aggregate Year-to-Date ▼ City Aggregate Year-to-Date ▼ City State Zip Code MT 1100.00 Date of Receipt Transaction ID: 20101105_00331 Amount of Each Receipt this Period Fesident Transaction ID: 20101105_00331 Amount of Each Receipt this Period Fersident Transaction ID: 20101105_00331 Amount of Each Receipt Transaction ID: 20101105_00361 Amaconda State Zip Code MT 1100.00 Date of Receipt Transaction ID: 20101105_00361 Transaction ID: 201011201_00306 Amount of Each Receipt Transaction ID: 20101201_00306 Amount of Each Receipt this Period Fec ID number of contributing federal political committee. Name of Employer Thrifty Drug Store Inc President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1100.00		Name of Employer Richards Drug, Inc. Receipt For: Primary General	Occupation Owner/M	flanager e Year-to-Date ▼	50.00
Thrifty Drug Store Inc Receipt For:	В.	Michael D. Richards Mailing Address 201 E Park Ave City Anaconda FEC ID number of contributing federal political committee.	MT	59711-2340	Transaction ID: 20101105_00331 Amount of Each Receipt this Period
Mailing Address 201 E Park Ave City State Zip Code Anaconda MT 59711-2340 FEC ID number of contributing federal political committee. Name of Employer Thrifty Drug Store Inc Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 20101201_00306 Amount of Each Receipt this Period Transaction ID: 20101201_00306 Amount of Each Receipt this Period 100.00		Receipt For: Primary General	Presiden	nt e Year-to-Date ▼	
federal political committee. Name of Employer Thrifty Drug Store Inc Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 1100.00	с.	Michael D. Richards Mailing Address 201 E Park Ave City Anaconda	MT	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)		Name of Employer Thrifty Drug Store Inc	Occupation		100.00
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
3. (4)		SUBTOTAL of Receipts This Page (optional) .			250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 274 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any persone name and address of any political committee to association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kent A. Richardson Mailing Address 3510 N Ridge Rd # 920-900 City Wichita FEC ID number of contributing federal political committee. Name of Employer Custom RX, Inc Receipt For: Primary General Other (specify)	State Zip Code KS 67205-1224 C Occupation Vice President Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kent A. Richardson Mailing Address 3510 N Ridge Rd # 920-900 City Wichita FEC ID number of contributing federal political committee. Name of Employer Custom RX, Inc Receipt For: Primary General Other (specify)	State Zip Code KS 67205-1224 C Occupation Vice President Aggregate Year-to-Date 550.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John W. Richey Mailing Address PO Box 398 City Smiths Station FEC ID number of contributing federal political committee. Name of Employer Plaza Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AL 36877-0398 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	nd Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John W. Richey Mailing Address PO Box 398 City Smiths Station FEC ID number of contributing federal political committee. Name of Employer Plaza Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AL 36877-0398 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00308 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) John J. Riehl Mailing Address 5814 Rising Sun Av City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Rings Drugs Ltd Receipt For: Primary General	State Zip Code PA 19120-1126 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John J. Riehl Mailing Address 5814 Rising Sun Av City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Rings Drugs Ltd Receipt For: Primary General Other (specify)	State Zip Code PA 19120-1126 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	J)	150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 7
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any pers the name and address of any political committee t association - PAC	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Riley Mailing Address 417 S Victory St		Date of Receipt
City <u>Little Rock</u> FEC ID number of contributing	State Zip Code AR 72201-2932	Transaction ID: 20101105_00335 Amount of Each Receipt this Period 100.00
Receipt For: Primary Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mark Riley Mailing Address 417 S Victory St		Date of Receipt
City <u>Little Rock</u> FEC ID number of contributing federal political committee.	State Zip Code AR 72201-2932	Transaction ID: 20101201_00310 Amount of Each Receipt this Period 100.00
Name of Employer AR Pharmacist Assoc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Gerald W. Roberts Mailing Address 1 Westbury Dr Ste B270		Date of Receipt 1 0 2 1 2 0 1 0
City Saint Charles FEC ID number of contributing federal political committee.	State Zip Code MO 63301-2561	Transaction ID: 20101105_00336 Amount of Each Receipt this Period 100.00
Name of Employer Standard Drug Company	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)	300.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214/2/4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - P	AC	
Full Name (Last, First, Middle Initial) Gerald W. Roberts			Date of Receipt
Mailing Address 1 Westbury Dr Ste B270			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City <u>Saint Charles</u>	State MO	Zip Code 63301-2561	Transaction ID: 20101201_00311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Standard Drug Company	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Hugh Rogers	I		Date of Receipt
Mailing Address PO Box 338			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mc Caysville	State GA	Zip Code 30555-0338	Transaction ID: 20101105_00337 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30333 0000	100.00
Name of Employer McCaysville Drug Center	Occupation Owner/M		
Inc Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Joe Rudolph			Date of Receipt
Mailing Address 2401 Pennsylvania	Ave		10 21 2010
City Philadelphia	State PA	Zip Code 19130-3010	Transaction ID: 20101105_00338 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10100 0010	100.00
Name of Employer Philadelphian Pharmacy	Occupation Owner/M		7
Receipt For: Primary General Other (specify) ▼	<u>'</u>	Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (options	J.		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commerci	copied from such Reports and St al purposes, other than using the COMMITTEE (In Full) Community Pharmacists Asso	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Addr City Philadelph FEC ID num	ila ber of contributing cal committee.	State PA C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:		Owner/N Aggregate	lanager e Year-to-Date ▼ 1100.00	
Ronald Louis Mailing Addr City Dallas FEC ID num federal politic	ess 9209 Elam Rd Ste 105	State TX	Zip Code 75217-7359	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Em Elam Road I Receipt For: Primar Other		Occupatio Owner/M Aggregate]
Mailing Addr City Dallas FEC ID num	.	State TX	Zip Code 75217-7359	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Em Elam Road I Receipt For: Primar Other		Occupatio Owner/M Aggregate		
SUBTOTAL of	f Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any persong the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ivan Saiff Mailing Address 7401 Lahana Cir City Boynton Beach FEC ID number of contributing federal political committee. Name of Employer Saiff Drugs	State Zip Code FL 33437-7172 C Occupation Owner/Manager	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00340 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Ivan Saiff Mailing Address 7401 Lahana Cir		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Boynton Beach FEC ID number of contributing federal political committee.	State Zip Code FL 33437-7172 C	Amount of Each Receipt this Period 150.00
Name of Employer Saiff Drugs Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 1650.00	
Full Name (Last, First, Middle Initial) Kenny Sanders Mailing Address 5601 Shirley Park	Dr	Date of Receipt
City Bessemer FEC ID number of contributing federal political committee.	State Zip Code AL 35022-3402	Transaction ID: 20101105_00341 Amount of Each Receipt this Period 50.00
Name of Employer American Pharmacy Cooperative, Inc. Receipt For: Primary General Other (specify)	Occupation VP Professional Affairs Aggregate Year-to-Date ▼ 550.00	
	al)	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 274 (check only one) X
NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any personne name and address of any political committee to sesociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenny Sanders Mailing Address 5601 Shirley Park Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Bessemer FEC ID number of contributing federal political committee.	State Zip Code AL 35022-3402	Transaction ID: 20101201_00315 Amount of Each Receipt this Period 50.00
Name of Employer American Pharmacy Cooperative, Inc. Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation VP Professional Affairs Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Edward A. Sayre Mailing Address 128 High St City Mineral Point FEC ID number of contributing federal political committee. Name of Employer Ivey's Pharmacy, Inc.	State Zip Code WI 53565-1208 C Occupation Owner/Manager	Date of Receipt M M M / 21 / 2010 Transaction ID: 20101105_00342 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Edward A. Sayre Mailing Address 128 High St City Mineral Point FEC ID number of contributing federal political committee. Name of Employer Ivey's Pharmacy, Inc. Receipt For: Primary General Other (specify)	State Zip Code WI 53565-1208 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: 20101201_00316 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) Rick A. Schaeper		Date of Receipt
	Mailing Address 4187 Hamilton Ave		10 21 2010
	City <u>Cincinnati</u>	State Zip Code OH 45223-2245	Transaction ID: 20101105_00343 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C +3223-2243	100.00
	Name of Employer Schaepers Northside Pharm- acy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
	Full Name (Last, First, Middle Initial) Rick A. Schaeper		Date of Receipt
	Mailing Address 4187 Hamilton Ave		11 19 2010
	City	State Zip Code	Transaction ID: 20101201_00317
	Cincinnati	OH 45223-2245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Schaepers Northside Pharm- acy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial) William P. Scheer		Date of Receipt
	Mailing Address 1343 E Gun Hill Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 20101105_00344
	Bronx	NY 10469-3084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Scheer Drugs Inc	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Γ.	SUBTOTAL of Receipts This Page (optional) .		350.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any persor the name and address of any political committee to s association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William P. Scheer Mailing Address 1343 E Gun Hill Rd City Bronx FEC ID number of contributing federal political committee.	State Zip Code NY 10469-3084	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00318 Amount of Each Receipt this Period
Name of Employer Scheer Drugs Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Joshua Schipper Mailing Address 4815 Vernon Blvd City Long Island City	State Zip Code NY 11101-5616	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer Vernon Blvd. Pharmacy, Inc Receipt For:	Occupation Owner/Manager Aggregate Year-to-Date	Amount of Each Receipt this Period 50.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joshua Schipper Mailing Address 4815 Vernon Blvd	550.00	Date of Receipt
City Long Island City FEC ID number of contributing federal political committee.	State Zip Code NY 11101-5616	1 1 1 9 2 0 1 0 Transaction ID: 20101201_00319 Amount of Each Receipt this Period 50.00
Name of Employer Vernon Blvd. Pharmacy, In- c. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 550.00	
SUBTOTAL of Receipts This Page (optional)	250.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 274 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists		• •	
Full Name (Last, First, Middle Initial) Richard Schirripa			Date of Receipt
Mailing Address 1400 Madison Ave			1 0 2 5 2 0 1 0
City New York	State NY	Zip Code 10029	Transaction ID: 20101105_00346
FEC ID number of contributing federal political committee.	C	10029	Amount of Each Receipt this Period 500.00
Name of Employer Madison Avenue Pharmacy	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Seymour			Date of Receipt
Mailing Address 130 W Main St			10 21 2010
City Orange	State VA	Zip Code 22960	Transaction ID: 20101105_00348
FEC ID number of contributing federal political committee.	C	22900	Amount of Each Receipt this Period 50.00
Name of Employer Orange Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Seymour			Date of Receipt
Mailing Address 130 W Main St			1 1 1 9 2 0 1 0
City Orange	State VA	Zip Code 22960	Transaction ID: 20101201_00321
FEC ID number of contributing federal political committee.	C	22300	Amount of Each Receipt this Period 50.00
Name of Employer Orange Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	I		600.00

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) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) National Community Pharmacists As	ssociation - PAC		
Full Name (Last, First, Middle Initial) Gerald Shapiro		Date of Receipt	
Mailing Address 444 S Flower St Ste 100		10 25 2010	
City	State Zip Code	Transaction ID: 20101105_00349	
Los Angeles FEC ID number of contributing	CA 90071-2902	Amount of Each Receipt this Period	
federal political committee.	C	250.00	
Name of Employer Uptown Drug Company	Occupation Owner/Manager		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	400.00		
Full Name (Last, First, Middle Initial) John T. Sherrer		Date of Receipt	
Mailing Address 833 Campbell Hill St	Mailing Address 833 Campbell Hill Street Southeast		
City	State Zip Code	Transaction ID: 20101201_00322	
<u>Marietta</u>	GA 30060	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Kenmar Pharmacy	Occupation Owner/Manager		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Frances Hall Sherrill		Date of Receipt	
Mailing Address PO Box 248		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 20101105_00350	
Wickliffe	KY 42087-0248	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer Wickliffe Phcy	Occupation Owner/Manager		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	600.00		
SUBTOTAL of Receipts This Page (optional)		800.00	
	er only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Community Pharmacis:	and Statements may not be sold or used by any persoing the name and address of any political committee to s Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frances Hall Sherrill Mailing Address PO Box 248 City Wickliffe FEC ID number of contributing federal political committee. Name of Employer Wickliffe Phcy Receipt For: Primary Other (specify)	State Zip Code KY 42087-0248 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00323 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Tim Short Mailing Address 2515 Business D City Cumming FEC ID number of contributing federal political committee. Name of Employer Sawnee Drug Co Receipt For: Primary Other (specify)	State Zip Code GA 30028-4394 C Occupation Owner/Manager Aggregate Year-to-Date 700.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tim Short Mailing Address 2515 Business E City Cumming FEC ID number of contributing federal political committee. Name of Employer Sawnee Drug Co Receipt For: Primary General Other (specify)	State Zip Code GA 30028-4394 C Occupation Owner/Manager Aggregate Year-to-Date 700.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (opti	onal)	250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 274 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists As	ssociation - PA	AC	
	Full Name (Last, First, Middle Initial) Jonathon A. Shuler			Date of Receipt
	Mailing Address PO Box 5			10 21 2010
	City	State TN	Zip Code	Transaction ID: 20101105_00352
	Waynesboro FEC ID number of contributing federal political committee.	C	38485-0736	Amount of Each Receipt this Period 25.00
	Name of Employer Duren Healthmart Pharmacy	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Jeffrey D. Sigler			Date of Receipt
	Mailing Address 4525 W6th Street			10 21 YYYY 2010
	City	State	Zip Code	Transaction ID: 20101105_00353
	Lawrence	KS	66049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Sigler Pharmacy	Occupation Owner/M		
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1100.00	
	Full Name (Last, First, Middle Initial) Jeffrey D. Sigler			Date of Receipt
	Mailing Address 4525 W6th Street			1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101201_00325
	Lawrence	KS	66049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Sigler Pharmacy	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)	•		225.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 274 (check only one) X
A	ny information copied from such Reports and a ror commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) Darrin W. Silbaugh		Date of Receipt
	Mailing Address 120 Willow Lake Dr		10 21 7 2010
	City <u>Carlisle</u>	State Zip Code PA 17015-9033	Transaction ID: 20101105_00354 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Harrisburg Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	Full Name (Last, First, Middle Initial) Darrin W. Silbaugh		Date of Receipt
	Mailing Address 120 Willow Lake Dr		1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 20101201_00326
	Carlisle	PA 17015-9033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Harrisburg Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1700.00	
_	Full Name (Last, First, Middle Initial) Troy A. Simons		Date of Receipt
	Mailing Address PO Box 89		10 21 2010
	City	State Zip Code	Transaction ID: 20101105_00355
	Perry	OK 73077-0089	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Foster Corner Drug	Occupation Owner/Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1800.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1	550.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to association - PAC	
Full Name (Last, First, Middle Initial) Troy A. Simons Mailing Address PO Box 89 City Perry FEC ID number of contributing federal political committee. Name of Employer Foster Corner Drug Receipt For: Primary General Other (specify)	State Zip Code OK 73077-0089 C Occupation Owner/Manager Aggregate Year-to-Date 1800.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00327 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Robert M. Slagle Mailing Address PO Box 497 / N 6 Clark Street City Republic FEC ID number of contributing federal political committee. Name of Employer Republic Drug Store Receipt For: Primary General Other (specify)	State Zip Code WA 99166 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00356 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Robert M. Slagle Mailing Address PO Box 497 / N 6 Clark Street City Republic FEC ID number of contributing federal political committee. Name of Employer Republic Drug Store Receipt For: Primary General Other (specify)	State Zip Code WA 99166 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	·····	400.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any personal ename and address of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mathew P. Slakoper Mailing Address 701 Bristol Pike City Croydon FEC ID number of contributing federal political committee. Name of Employer Mats Pharmacy Receipt For: Primary General Other (specify)	State Zip Code PA 19021-5412 C Occupation Owner/Manager Aggregate Year-to-Date 2450.00	Date of Receipt M M M / D D / 2 1 2 0 1 0 Transaction ID: 20101105_00357 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mathew P. Slakoper Mailing Address 701 Bristol Pike City Croydon FEC ID number of contributing federal political committee. Name of Employer Mats Pharmacy Receipt For:	State Zip Code PA 19021-5412 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00329 Amount of Each Receipt this Period 250.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) David M. Smith Mailing Address 155 Main St City Brookville FEC ID number of contributing federal political committee. Name of Employer Means Lauf Super Drug	State Zip Code PA 15825-1281 C Occupation Owner/Manager	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1650.00	650.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 274 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC	
	Full Name (Last, First, Middle Initial) David M. Smith		Date of Receipt
	Mailing Address 155 Main St		11 19 2010
	City Brookville	State Zip Code PA 15825-1281	Transaction ID: 20101201_00330
	FEC ID number of contributing federal political committee.	PA 15825-1281	Amount of Each Receipt this Period 150.00
	Name of Employer Means Lauf Super Drug	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
	Full Name (Last, First, Middle Initial) Donald R. Smith		Date of Receipt
	Mailing Address 802 E Medical Ct		10 21 YYYY 2010
	City	State Zip Code	Transaction ID: 20101105_00359
	Post Falls	ID 83854-7298	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Medicine Man West Pharmacy	Occupation Owner/Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
_	Full Name (Last, First, Middle Initial) Donald R. Smith		Date of Receipt
	Mailing Address 802 E Medical Ct		1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 20101201_00331
	Post Falls	ID 83854-7298	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Medicine Man West Pharmacy	Occupation Owner/Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1650.00	
Г			450.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 228 / 274 (check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	statements mag name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	ociation - P	AC	
Full Name (Last, First, Middle Initial) Randall D. Smith			Date of Receipt
Mailing Address 460 N Franklin Ave			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00361
Colby FEC ID number of contributing federal political committee.	C	67701-2326	Amount of Each Receipt this Period 50.00
Name of Employer Palace Drug Store	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Randall D. Smith			Date of Receipt
Mailing Address 460 N Franklin Ave			M M / D D / Y Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00332
Colby FEC ID number of contributing federal political committee.	C	67701-2326	Amount of Each Receipt this Period 50.00
Name of Employer Palace Drug Store	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Rod Smith			Date of Receipt
Mailing Address 582 S Ohio St			10 21 2010
City Salina	State KS	Zip Code 67401	Transaction ID: 20101105_00362
FEC ID number of contributing federal political committee.	C	0/101	Amount of Each Receipt this Period 100.00
Name of Employer Jims Pharmacy	Occupatio Owner/M		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional)			200.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	National Community Pharmacists Ass	sociation - Pa	AC	
A. <u>F</u>	Full Name (Last, First, Middle Initial) Rod Smith			Date of Receipt
N	Mailing Address 582 S Ohio St			11 19 2010
	City	State	Zip Code	Transaction ID: 20101201_00333
_	Salina	KS	67401	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		100.00
Ŋ	Name of Employer Jims Pharmacy	Occupatio Owner/M		
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00	
	Full Name (Last, First, Middle Initial) Stephanie C. Smith Cooney			Date of Receipt
N	Mailing Address 701 Philadelphia St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: 20101105_00363
_	ndiana	PA	15701	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		50.00
(Name of Employer Gatti Pharmacy	Occupatio Vice Pre		
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		715.00	
	Full Name (Last, First, Middle Initial) Kelly Soekarmoen			Date of Receipt
N	Mailing Address 110 S Main St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20101105_00364
	Vicksburg	MI	49097-1211	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		150.00
<u>1</u>	Name of Employer Hills Pharmacy Of Vicksbu- g	Occupatio Owner/M		
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		1200.00	
su	BTOTAL of Receipts This Page (optional)			300.00
	TAL This Period (last page this line number		<u> </u>	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 274 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Kelly Soekarmoen Mailing Address 6286 E Tu Ave City	State	Zip Code	Date of Receipt 1 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00334
	Vicksburg FEC ID number of contributing federal political committee.	C	49097-8335	Amount of Each Receipt this Period 150.00
	Name of Employer Hills Pharmacy Of Vicksbu- rg Receipt For: Primary General Other (specify) ▼	Occupation Owner/M Aggregate		
В.	Full Name (Last, First, Middle Initial) Todd Sondrup Mailing Address 508 E Stemple Suite	124		Date of Receipt 1 0 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 20101105_00365
	Salt Lake City	UT	84102-1040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Medical Plaza Pharmacy	Occupation Presiden	nt	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
С. С.	Full Name (Last, First, Middle Initial) Todd Sondrup			Date of Receipt
	Mailing Address 508 E Stemple Suite	124		M M / D D / Y Y Y Y Y 1 1 1 1 9 2 0 1 0
	City	State UT	Zip Code	Transaction ID: 20101201_00335
	Salt Lake City FEC ID number of contributing federal political committee.	C	84102-1040	Amount of Each Receipt this Period 50.00
	Name of Employer Medical Plaza Pharmacy	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)	1		250.00
H	TOTAL This Period (last page this line numbe		<u> </u>	

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 / 2/4 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Community Pharmacists As	ssociation - P	AC	
Full Name (Last, First, Middle Initial) Dennis W. Song			Date of Receipt
Mailing Address 1001 Cross Timbers Ste 1170	Rd		10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00366
Flower Mound	TX	75028-8817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Flower Mound Phy And Herb- al Alts	Occupatio Owner/M		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	450.00	
Full Name (Last, First, Middle Initial) Dennis W. Song			Date of Receipt
Mailing Address 4505 Morningstar Dr			M M / D D / Y Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 20101201_00336
Flower Mound	TX	75028-3057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Flower Mound Phy And Herb- al Alts	Occupatio Owner/M		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		450.00	
Full Name (Last, First, Middle Initial) Terry J. Spears			Date of Receipt
Mailing Address PO Box 1737 / 1720 Hillcrest Drive	ı		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101105_00367
Vernon	TX	76385-1737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Family Pharmacy	Occupatio Owner/M		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
			600.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 274 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
) Na	ational Community Pharmacists Ass	ociation - P	AC	
. <u>Da</u>	Ill Name (Last, First, Middle Initial)			Date of Receipt
	ailing Address 2301 E Mulberry St			10 21 2010
Cit Ar	ty ngleton	State TX	Zip Code 77515-3804	Transaction ID: 20101105_00368 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	77313-3004	100.00
Na Me	ame of Employer edicine Shoppe Pharmacy	Occupation Owner/M		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Da <u>Da</u>	Ill Name (Last, First, Middle Initial) avid Spence	1		Date of Receipt
	ailing Address 2301 E Mulberry St			11 1 19 2010
Cit	ty ngleton	State TX	Zip Code 77515-3804	Transaction ID: 20101201_00337 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	77313-3004	100.00
Na Me	ame of Employer edicine Shoppe Pharmacy	Occupation Owner/M		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Ill Name (Last, First, Middle Initial) mes O. Spoon	<u> </u>		Date of Receipt
Ma	ailing Address 1325 N Old North Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit		State	Zip Code	Transaction ID: 20101201_00338
FE	and Springs EC ID number of contributing deral political committee.	OK OK	74063-7805	Amount of Each Receipt this Period 100.00
Na T.	ame of Employer R.B. Drugs, Inc.	Occupation Owner/M		
Re	eceipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 900.00	
	TOTAL of Receipts This Page (optional)	•		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Community Pharmacists As	ssociation - PAC	
Full Name (Last, First, Middle Initial) Robert Standridge Mailing Address 2330 McKown Dr		Date of Receipt
Ste B		10 21 2010
City Norman	State Zip Code OK 73072-6630	Transaction ID: 20101105_00369 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Legend Care Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Robert Standridge		Date of Receipt
Mailing Address 2330 McKown Dr Ste B		11 19 2010
City	State Zip Code	Transaction ID: 20101201_00339
Norman	OK 73072-6630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Legend Care Pharmacy	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) James W. Stangel		Date of Receipt
Mailing Address 821 Iowa Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00370
<u>Onawa</u>	IA 51040-1629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Stangel Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		225.00

Γ,		Detailed Sumn	ory of the nary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any politic	ed by any person cal committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
/	National Community Pharmacists As	sociation - PAC		
∠ A.	Full Name (Last, First, Middle Initial) Frank Steed			Date of Receipt
	Mailing Address 215 Hoffman St			10 21 2010
	City	State Zip Code		Transaction ID: 20101105_00371
	<u>Elmira</u>	NY 14905-2423		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	,	100.00
	Name of Employer Geroulds Professional Pha- rmacy	Occupation Owner/Manager		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		900.00	
- 3.	Full Name (Last, First, Middle Initial) Frank Steed			Date of Receipt
	Mailing Address 215 Hoffman St			M M / D D / Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
	City	State Zip Code		Transaction ID: 20101201_00340
	<u>Elmira</u>	NY 14905-2423		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	,	100.00
	Name of Employer Geroulds Professional Pha-	Occupation Owner/Manager		
	rmacy Receipt For:	Aggregate Year-to-Date ▼		1
	Primary General Other (specify) ▼		900.00	
_ ;.	Full Name (Last, First, Middle Initial) Sharon Steen			Date of Receipt
	Mailing Address 900 Wilshire Blvd Ste 104			10 21 2010
	City	State Zip Code		Transaction ID: 20101105_00372
	Santa Monica	CA 90401		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Central Pharmacy	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	450.00	
	SUBTOTAL of Receipts This Page (optional)	1		250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 274 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists Ass	sociation - P	AC	
	Full Name (Last, First, Middle Initial) Sharon Steen Mailing Address 900 Wilshire Blvd			Date of Receipt
	Mailing Address 900 Wilshire Blvd Ste 104			11 19 2010
	City	State	Zip Code	Transaction ID: 20101201_00399
	Santa Monica	CA	90401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Central Pharmacy	Occupation Owner/M		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) David A. Stevens			Date of Receipt
	Mailing Address 314 S Main Street			10 21 7 2010
	City	State	Zip Code	Transaction ID: 20101105_00373
	Canyonville	OR	97417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Gordons Pharmacy	Occupation Owner/M		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1650.00	
	Full Name (Last, First, Middle Initial) David A. Stevens			Date of Receipt
	Mailing Address PO Box 746			11 19 / 2010
	City	State	Zip Code	Transaction ID: 20101201_00341
	Canyonville	OR	97417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Gordons Pharmacy	Occupation Owner/M	lanager	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1650.00	
Г	UBTOTAL of Receipts This Page (optional) .	_1		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) (check only one)	236 / 274 12 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and address of any polit	sed by any person for the purpose of soliciting contri cal committee to solicit contributions from such com	butions mittee.
Full Name (Last, First, Middle Initial) Gerald D. Stone Mailing Address 404 State Highway 27 City Comfort FEC ID number of contributing federal political committee. Name of Employer The Drug Shop	State Zip Code TX 78013 C	Transaction ID: 20101105_ Amount of Each Receipt this	
Receipt For: Primary General Other (specify)	Owner/Manager Aggregate Year-to-Date	1100.00	
Full Name (Last, First, Middle Initial) Gerald D. Stone Mailing Address 404 State Highway 27	,		2010
City	State Zip Code	Transaction ID: 20101201	_00342
Comfort FEC ID number of contributing federal political committee.	TX 78013	Amount of Each Receipt this	Period 100.00
Name of Employer The Drug Shop	Occupation Owner/Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1100.00	
Full Name (Last, First, Middle Initial) Michael L. Stuart	l	Date of Receipt	
Mailing Address PO Box 2248		M M / D D / Y Y	2010
City	State Zip Code	Transaction ID: 20101105	
Branson West	MO 65737-224	Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Lakeland Pharmacy	Occupation President/CEO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1500.00	
SUBTOTAL of Receipts This Page (optional)	1	,	350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any person ng the name and address of any political committee to a Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brad Stultz		Date of Receipt
Mailing Address 1615 Ashland Rd		10 21 2010
City	State Zip Code	Transaction ID: 20101105_00376
Greenup FEC ID number of contributing federal political committee.	KY 41144	Amount of Each Receipt this Period 100.00
Name of Employer Stultz Pharmacy Inc	Occupation Owner/Manager	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Brad Stultz	L	Date of Receipt
Mailing Address 1615 Ashland Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greenup	State Zip Code KY 41144	Transaction ID: 20101201_00343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Stultz Pharmacy Inc	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Tammy S. Stutes	L	Date of Receipt
Mailing Address 2509 Charity St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Abbeville	State Zip Code LA 70510	Transaction ID: 20101105_00377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Cashway Pharmacy of Abbev- ille	Occupation Owner/Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	
SUBTOTAL of Receipts This Page (option	nal)	400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 238 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	name and address of	sold or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tammy S. Stutes Mailing Address 2509 Charity St City Abbeville FEC ID number of contributing federal political committee. Name of Employer Cashway Pharmacy of Abbeville Receipt For: Primary General Other (specify)			Date of Receipt M M J 19 2010 Transaction ID: 20101201_00344 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Robert J. Sumner Mailing Address 8015 W Alameda Ave Ste 100 City Lakewood FEC ID number of contributing federal political committee. Name of Employer Union Square Pharmacy At Bellmar Receipt For: Primary General Other (specify)		Code 226-3075	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John G. Sutter Mailing Address 620 Washington St City Horicon FEC ID number of contributing federal political committee. Name of Employer Marshland Pharmacy Receipt For: Primary General Other (specify)	•		Date of Receipt M M M / D D / Y 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

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 / 274 (check only one) X	
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	National Community Pharmacists Ass	sociation - Pi	AC		
	Full Name (Last, First, Middle Initial) John G. Sutter Mailing Address 620 Washington St			Date of Receipt	
	Mailing Address 620 Washington St			11 19 2010	
	City	State	Zip Code	Transaction ID: 20101201_00345	
	<u>Horicon</u>	WI	53032-1587	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Marshland Pharmacy	Occupatio Owner/M			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		550.00]	
	Full Name (Last, First, Middle Initial) Larry E. Talley			Date of Receipt	
	Mailing Address 991 W Centerton Blvd	d		10 21 2010	
	City	State	Zip Code	Transaction ID: 20101105_00380	
	Centerton	AR	72719-8707	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Talley Pharmacy	Occupatio Owner/M			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		550.00		
	Full Name (Last, First, Middle Initial) Larry E. Talley			Date of Receipt	
	Mailing Address 991 W Centerton Blvc	t		M M / D D / Y Y Y Y Y 1 1 1 1 9 2 0 1 0	
	City	State	Zip Code	Transaction ID: 20101201_00346	
	Centerton	AR	72719-8707	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Talley Pharmacy	Occupatio Owner/M	lanager		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		550.00		
Г	SUBTOTAL of Receipts This Page (optional) .	1		150.00	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 274 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - PAC	
Full Name (Last, First, Middle Initial) Carlos M. Tamarit		Date of Receipt
Mailing Address 746 10th Ave		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: 20101105_00381
New York	NY 10019-7000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Cash RX Plus	Occupation Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Carlos M. Tamarit		Date of Receipt
Mailing Address 746 10th Ave		1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 20101201_00347
New York	NY 10019-7000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Cash RX Plus	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Mark K. Taylor		Date of Receipt
Mailing Address 3007 Ocean Height	s Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00382
Egg Harbor Townshi	NJ 08234-7749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Jersey Shore Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	ı)	200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 241 / 274 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark K. Taylor Mailing Address 3007 Ocean Height City Egg Harbor Townshi FEC ID number of contributing federal political committee. Name of Employer Jersey Shore Pharmacy	State NJ C Occupation Owner/Ma		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Y	/ear-to-Date ▼ 1000.00	
Larry Thomerson Mailing Address 113 N 1st St City Gurdon FEC ID number of contributing federal political committee. Name of Employer Thomerson Drug Store Receipt For: Primary General Other (specify)	State AR C Occupation Owner/Ma Aggregate Y	Zip Code 71743-1201 nager /ear-to-Date ▼ 500.00	Date of Receipt M M / 2 1 2 0 1 0
Full Name (Last, First, Middle Initial) Larry Thomerson Mailing Address 113 N 1st St City Gurdon FEC ID number of contributing federal political committee. Name of Employer Thomerson Drug Store Receipt For: Primary General Other (specify)	State AR C Occupation Owner/Ma Aggregate Y	Zip Code 71743-1201 nager /ear-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional			200.00

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) X 11a	
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC		
	Full Name (Last, First, Middle Initial) Bryan C. Thompson		Date of Receipt	
	Mailing Address 821 Scioto St		10 21 YYYYY 21 2010	
	City <u>Urbana</u>	State Zip Code OH 43078-2223	Transaction ID: 20101105_00384	
	FEC ID number of contributing federal political committee.	OH 43078-2223	Amount of Each Receipt this Period 100.00	
	Name of Employer Medicine Shoppe	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
	Full Name (Last, First, Middle Initial) Bryan C. Thompson		Date of Receipt	
	Mailing Address 821 Scioto St		11 1 9 2010	
	City Urbana	State Zip Code OH 43078-2223	Transaction ID: 20101201_00350	
	FEC ID number of contributing federal political committee.	C +3070-2223	Amount of Each Receipt this Period 100.00	
	Name of Employer Medicine Shoppe	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
_	Full Name (Last, First, Middle Initial) Gregory B. Thompson	_ L	Date of Receipt	
	Mailing Address 324 S Union St		10 21 2010	
	City	State Zip Code	Transaction ID: 20101105_00385	
	Traverse City FEC ID number of contributing federal political committee.	MI 49684-2535	Amount of Each Receipt this Period 100.00	
	Name of Employer Thompson Pharmacy Inc	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Γ.	CURTOTAL of Descints This Desc (antique)		300.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any person on the name and address of any political committee to a Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory B. Thompson Mailing Address 224 E Bay Blvd S City Traverse City FEC ID number of contributing federal political committee. Name of Employer Thompson Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code MI 49686 C Occupation President Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 / 2 0 1 0 Transaction ID: 20101201_00351 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) William Thompson, Ill Mailing Address 600 E Chestnut A City Altoona FEC ID number of contributing federal political committee. Name of Employer Thompson Pharmacy Inc Receipt For: Primary General Other (specify)	State Zip Code PA 16601-5216 C Occupation Owner/Manager Aggregate Year-to-Date 2500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Timmermann Mailing Address 117 Clintonian Place City Breese FEC ID number of contributing federal political committee. Name of Employer Comprehensive Care Phcy Receipt For: Primary General Other (specify)	State Zip Code IL 62230-1501 C Occupation Owner/Manager Aggregate Year-to-Date 630.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 0
SUBTOTAL of Receipts This Page (option	nal)	2660.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to s ssociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Timmermann Mailing Address 117 Clintonian Plz City Breese FEC ID number of contributing federal political committee. Name of Employer Comprehensive Care Phcy Receipt For: Primary General Other (specify)	State Zip Code IL 62230-1501 C Occupation Owner/Manager Aggregate Year-to-Date 630.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Virgil F. Todd Mailing Address 10321 SE 55th St City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Northrock Community Pharmacy Receipt For: Primary General	State Zip Code OK 73150-4521 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Virgil F. Todd Mailing Address 10321 SE 55th St City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Northrock Community Pharm-	State Zip Code OK 73150-4521 C Occupation	Date of Receipt M M J D D J Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00353 Amount of Each Receipt this Period 100.00
acy Receipt For: Primary General Other (specify)	Owner/Manager Aggregate Year-to-Date 900.00	260.00

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) X 11a 11b 11c 12 13 14 15 16 1	
A 0	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Community Pharmacists As	sociation - PAC		
	Full Name (Last, First, Middle Initial) James H. Toomajian		Date of Receipt	
	Mailing Address 601 19th St		10 21 2010	
	City Watervliet	State Zip Code NY 12189-2002	Transaction ID: 20101105_00389 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	50.00	
	Name of Employer Watervliet Pharmacy	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
. –	Full Name (Last, First, Middle Initial) James H. Toomajian		Date of Receipt	
	Mailing Address 601 19th St		1 1 1 9 2 0 1 0	
	City	State Zip Code	Transaction ID: 20101201_00354	
	Watervliet	NY 12189-2002	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	50.00	
	Name of Employer Watervliet Pharmacy	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
_	Full Name (Last, First, Middle Initial) James Tristani		Date of Receipt	
	Mailing Address 1510 Conowingo Rd Ste A		10 / 21 / 2010	
	City Bel Air	State Zip Code MD 21014-1879	Transaction ID: 20101105_00390 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	100.00	
	Name of Employer Harford Pharmacy	Occupation Owner/Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Γ.	SURTOTAL of Receipts This Page (optional)		200.00	

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any pers e name and address of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Tristani Mailing Address 1510 Conowingo Rd Ste A City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Pharmacy Receipt For: Primary General Other (specify)	State Zip Code MD 21014-1879 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Margie A. Trythall Mailing Address 744 S E St City Broken Bow FEC ID number of contributing federal political committee. Name of Employer Varney Health Mart Receipt For: Primary General Other (specify)	State Zip Code NE 68822 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0
Full Name (Last, First, Middle Initial) Margie A. Trythall Mailing Address 744 S E St City Broken Bow FEC ID number of contributing federal political committee. Name of Employer Varney Health Mart Receipt For: Primary General Other (specify)	State Zip Code NE 68822 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 247 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	e name and ad	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Charles W. Tucker Mailing Address PO Box 291526 City Kerrville FEC ID number of contributing federal political committee. Name of Employer The Medicine Stop Receipt For: Primary General Other (specify)	State TX C Occupation Owner/M Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Charles W. Tucker Mailing Address PO Box 291526 City Kerrville FEC ID number of contributing federal political committee. Name of Employer The Medicine Stop Receipt For: Primary General Other (specify)	State TX C Occupatio Owner/M Aggregate		Date of Receipt M M D D 2 0 1 0
_ С.	Full Name (Last, First, Middle Initial) Greg Turner Mailing Address PO Box 717 City Dale FEC ID number of contributing federal political committee. Name of Employer Turner Rx Receipt For: Primary General Other (specify)	State IN C Occupatio Owner/N Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 248/2/4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists			
Full Name (Last, First, Middle Initial) Greg Turner			Date of Receipt
Mailing Address PO Box 717			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dale	State IN	Zip Code 47523-0717	Transaction ID: 20101201_00358 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Turner Rx	Occupation Owner/M		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Jonathan D. Van Lahr			Date of Receipt
Mailing Address PO Box 207			1 0 2 1 2 0 1 0
City Irvington	State KY	Zip Code 40146-0207	Transaction ID: 20101105_00394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70170 0207	100.00
Name of Employer Save Rite Drugs Inc	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Jonathan D. Van Lahr			Date of Receipt
Mailing Address PO Box 207			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Irvington	State KY	Zip Code 40146-0207	Transaction ID: 20101201_00359
FEC ID number of contributing federal political committee.	C	40140-0207	Amount of Each Receipt this Period
Name of Employer Save Rite Drugs Inc	Occupation Owner/M		7
Receipt For: Primary General Other (specify) ▼	<u> </u>	Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (options	al)		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 274 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any pers e name and address of any political committee to sociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Keith A. Vance Mailing Address 181 Lowes Foods Dr City Lewisville FEC ID number of contributing federal political committee. Name of Employer Lewisville Drug Company Receipt For: Primary General Other (specify)	State Zip Code NC 27023-8258 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00395 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Keith A. Vance Mailing Address 181 Lowes Foods Dr City Lewisville FEC ID number of contributing federal political committee. Name of Employer Lewisville Drug Company Receipt For: Primary General Other (specify)	State Zip Code NC 27023-8258 C Occupation Owner/Manager Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00360 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Chhagan Vasoya Mailing Address 752 E Arrow Hwy City Pomona FEC ID number of contributing federal political committee. Name of Employer Express Pharmacy Receipt For: Primary General Other (specify)	State Zip Code CA 91767-2247 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 675.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		175.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Chhagan Vasoya Mailing Address 752 E Arrow Hwy	State 7in Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Pomona FEC ID number of contributing	State Zip Code CA 91767-2247	Transaction ID: 20101201_00361 Amount of Each Receipt this Period
federal political committee.	Occupation	75.00
Name of Employer Express Pharmacy Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Owner/Manager Aggregate Year-to-Date 675.00	
Full Name (Last, First, Middle Initial) Victor A. Vena Mailing Address 1322 W State St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101105_00397
Olean FEC ID number of contributing federal political committee.	NY 14760-2036	Amount of Each Receipt this Period
Name of Employer Vic Vena Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Victor A. Vena		Date of Receipt
Mailing Address 1322 W State St		1 1 1 9 2 0 1 0
City Olean	State Zip Code NY 14760-2036	Transaction ID: 20101201_00362 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Vic Vena Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
CURTOTAL of Descripts This Days (autisms	l)	275.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such R or for commercial purposes, other the	leports and Statements manan using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full National Community Pharm	<i>'</i>	AC	
Full Name (Last, First, Middle Ini Evan James Vickers	itial)		Date of Receipt
Mailing Address 91 N Main S	St		10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00398
Cedar City	UT	84720-2648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Bullochs Drug Store	Occupation Owner/N		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Ini B. Evan James Vickers	itial)		Date of Receipt
Mailing Address 91 N Main S	St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00363
Cedar City	UT	84720-2648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Bullochs Drug Store	Occupation Owner/N		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Ini	itial)		Date of Receipt
Mailing Address 838 4th Ave)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lake Odessa	State MI	Zip Code 48849-1002	Transaction ID: 20101105_00399 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Walker Savmor Pharmacy	Occupation Owner/N		
Receipt For: Primary General Other (specify) ▼	- · · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	e (optional)		800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 274 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	ssociation - PAC	
Full Name (Last, First, Middle Initial) Maurice J. Warner		Date of Receipt
Mailing Address 30542 US Highway		10 21 2010
City Unionville	State Zip Code MO 63565-3404	Transaction ID: 20101105_00401 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Warner Drug	Occupation Pharmacist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Maurice J. Warner		Date of Receipt
Mailing Address 30542 US Highway	136	11 1 19 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00365
Unionville	MO 63565-3404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Warner Drug	Occupation Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Earnest J. Watts		Date of Receipt
Mailing Address 2354 Highway 15		10 21 2010
City	State Zip Code	Transaction ID: 20101105_00402
Whitesburg	KY 41858-7414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Parkway Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		250.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Community Pharmacist	s Association - PAC	
Full Name (Last, First, Middle Initial) Earnest J. Watts Mailing Address 2354 Highway 15	-	Date of Receipt
City	State Zip Code	Transaction ID: 20101201_00366
Whitesburg	KY 41858-7414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Parkway Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Scott E. Watts		Date of Receipt
Mailing Address PO Box 32007		10 21 2010
City	State Zip Code	Transaction ID: 20101105_00403
<u>Juneau</u>	AK 99803-2007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Rons Apothecary Shoppe Ph- cy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Scott E. Watts		Date of Receipt
Mailing Address 9101 Mendenhal	Mall Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00367
<u>Juneau</u>	AK 99801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Rons Apothecary Shoppe Ph- cy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (option	onal)	250.00
TOTAL This Period (last page this line n	umber only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any persor g the name and address of any political committee to s Association - PAC	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Craig Wear Mailing Address PO Box 305 City Carthage FEC ID number of contributing federal political committee. Name of Employer Wear Drug Receipt For: Primary General Other (specify)	State Zip Code IL 62321 C Occupation Owner/Manager Aggregate Year-to-Date 350.00	Date of Receipt 1 1 1 9 2 0 1 0 Transaction ID: 20101201_00368 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Randolph J. Weaver Mailing Address 181 Seneca St City Hornell FEC ID number of contributing federal political committee. Name of Employer Maple City Pharmacy Receipt For: Primary General	State Zip Code NY 14843-1336 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Randolph J. Weaver Mailing Address 181 Seneca St City Hornell FEC ID number of contributing federal political committee. Name of Employer Maple City Pharmacy Receipt For: Primary General Other (specify)	State Zip Code NY 14843-1336 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255/2/4 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - P	4C	
Full Name (Last, First, Middle Initial) Tony Welder			Date of Receipt
Mailing Address 1314 Bayview Ct			M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0
City Bismarck	State ND	Zip Code 58504	Transaction ID: 20101105_00405 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00004	50.00
Name of Employer New Salem Pharmacy, Inc.	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Tony Welder	 		Date of Receipt
Mailing Address 1314 Bayview Ct			M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0
City Bismarck	State ND	Zip Code 58504	Transaction ID: 20101201_00370 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30004	50.00
Name of Employer New Salem Pharmacy, Inc.	Occupatio Owner/M		
Receipt For: Primary General Other (specify) ▼	<u>'</u>	e Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Gregory Wendling			Date of Receipt
Mailing Address 680 Robert Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Slidell	State LA	Zip Code 70458-1648	Transaction ID: 20101105_00406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70100 1010	50.00
Name of Employer Northshore Discount Pharm- acy, Inc.	Occupatio Owner/M	lanager	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optiona			150.00

SCHEDULE /	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 274 (check only one) X 11a
or for commercial pu	irposes, other than using the na	ime and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Gregory Wendling Mailing Address City Slidell FEC ID number of federal political company Northshore Discacy, Inc. Receipt For: Primary Other (spe	680 Robert Blvd of contributing ommittee. er ount Pharm- General	State LA C Occupation Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Robert Westbrook Mailing Address City Amelia FEC ID number of federal political company of Employ The Pill Box Receipt For: Primary Other (spe	1400 State Route 125 of contributing ommittee. er General	State OH C Occupatior Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Robert Westbrook Mailing Address City Amelia FEC ID number of federal political control of Employ The Pill Box Receipt For: Primary Other (spe	1400 State Route 125 of contributing ommittee. er General	State OH C Occupatior Owner/M Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Rec	ceipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 / 274 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	sociation - P	AC	
Full Name (Last, First, Middle Initial) David Whalley			Date of Receipt
Mailing Address 289 Brdway			10 21 2010
City	State	Zip Code	Transaction ID: 20101105_00408
Newport	RI	02840-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Newport Precription Center	Occupation Occupation		
Inc	Owner/M	e Year-to-Date V	
Primary General Other (specify) ▼	Aggregate	1100.00	
Full Name (Last, First, Middle Initial) David Whalley	1		Date of Receipt
Mailing Address 289 Brdway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101201_00373
Newport	RI	02840-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Newport Precription Center Inc	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Oliver C. Whipple	<u> </u>		Date of Receipt
Mailing Address 1704 Meadows Ln			10 25 2010
City	State	Zip Code	Transaction ID: 20101105_00410
<u>Vidalia</u>	GA	30474-8913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer City Drug Store	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼	, '	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 258/2/4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Community Pharmacists A	Association - PA	AC	
Full Name (Last, First, Middle Initial) Tom Whiston			Date of Receipt
Mailing Address 25 S Main St			M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0
City Mount Gilead	State OH	Zip Code 43338-1445	Transaction ID: 20101105_00411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 1110	100.00
Name of Employer Whiston Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Tom Whiston			Date of Receipt
Mailing Address 25 S Main St			1 1 1 9 2 0 1 0
City Mount Gilead	State OH	Zip Code 43338-1445	Transaction ID: 20101201_00375
FEC ID number of contributing federal political committee.	C	40000-1440	Amount of Each Receipt this Period 100.00
Name of Employer Whiston Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dirk White			Date of Receipt
Mailing Address 106 Lincoln St			M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 2 1 2 0 1 0
City Sitka	State AK	Zip Code 99835-7540	Transaction ID: 20101105_00412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33033 7340	150.00
Name of Employer Whites Pharmacy	Occupation Owner/M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1650.00	
SUBTOTAL of Receipts This Page (optional			350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 259 / 274 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) National Community Pharmacists	and Statements may not be sold or used by any person gethe name and address of any political committee to see Association.	n for the purpose of soliciting contributions
National Community Pharmacists	s Association - PAC	
Full Name (Last, First, Middle Initial) Dirk White		Date of Receipt
Mailing Address 106 Lincoln St		1 1 1 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sitka	State Zip Code AK 99835-7540	Transaction ID: 20101201_00376
FEC ID number of contributing federal political committee.	C 99635-7940	Amount of Each Receipt this Period 150.00
Name of Employer Whites Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Thomas H. Whitworth	I	Date of Receipt
Mailing Address 3469 W Point Rd		10 21 2010
City	State Zip Code	Transaction ID: 20101105_00413
Lagrange	GA 30240-8650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Corley Drugs	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Thomas H. Whitworth	I	Date of Receipt
Mailing Address 3469 W Point Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00377
Lagrange	GA 30240-8650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Corley Drugs	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
	nal)	350.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Wientjes Mailing Address 234 Medical Cir City Morehead FEC ID number of contributing federal political committee. Name of Employer Morehead Clinic Pharmacy Receipt For: Primary General Other (specify)	State Zip Code KY 40351-1100 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00414 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Gary Wientjes Mailing Address 234 Medical Cir City Morehead FEC ID number of contributing federal political committee. Name of Employer Morehead Clinic Pharmacy Receipt For: Primary General Other (specify)	State Zip Code KY 40351-1100 C Occupation Owner/Manager Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ralph W. Williams Mailing Address 247 W Main St City Hendersonville FEC ID number of contributing federal political committee. Name of Employer Hendersonville Health Mart Receipt For: Primary General Other (specify)	State Zip Code TN 37075-7320 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 261 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ralph W. Williams Mailing Address 247 W Main St City Hendersonville FEC ID number of contributing federal political committee. Name of Employer Hendersonville Health Mart Receipt For: Primary General	State Zip Code TN 37075-7320 C Occupation Owner/Manager Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 9 2 0 1 0 Transaction ID: 20101201_00379 Amount of Each Receipt this Period 100.00
Teull Name (Last, First, Middle Initial) Guy B. Wilson Mailing Address PO Box 5289 City Johnson City FEC ID number of contributing federal political committee. Name of Employer Wilson Pharmacy Inc Receipt For:	State Zip Code TN 37602-5289 C Occupation Chairman Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y 1 0
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Guy B. Wilson Mailing Address PO Box 5289 City Johnson City FEC ID number of contributing federal political committee. Name of Employer Wilson Pharmacy Inc	State Zip Code TN 37602-5289 C Occupation Chairman	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 1100.00	300.00

	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) X 11a
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Community Pharmacists Asso	ociation - P	AC	
Α.	Full Name (Last, First, Middle Initial) Justin B. Wilson			Date of Receipt
	Mailing Address 1212 S Douglas Blvd Ste A			10 21 7 2010
	City Midwest City	State OK	Zip Code 73130-5213	Transaction ID: 20101105_00417
	FEC ID number of contributing federal political committee.	C	73130-3213	Amount of Each Receipt this Period 100.00
	Name of Employer Valu-Med Pharmacy	Occupation Owner/M		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
- В.	Full Name (Last, First, Middle Initial) Justin B. Wilson			Date of Receipt
	Mailing Address 1212 S Douglas Blvd Ste A			11 19 2010
	City	State	Zip Code	Transaction ID: 20101201_00381
	Midwest City FEC ID number of contributing federal political committee.	OK OK	73130-5213	Amount of Each Receipt this Period 100.00
	Name of Employer Valu-Med Pharmacy	Occupation Owner/M		7
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Lonny D. Wilson			Date of Receipt
	Mailing Address PO Box 18204			10 21 7 2010
	City Oklahoma City	State OK	Zip Code 73154	Transaction ID: 20101105_00419
	FEC ID number of contributing federal political committee.	C	73134	Amount of Each Receipt this Period 200.00
	Name of Employer Pharmacy Providers of Okl- ahoma, Inc.		ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2200.00	
	SUBTOTAL of Receipts This Page (optional)			400.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			400.00

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any pers the name and address of any political committee t association - PAC	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lonny D. Wilson Mailing Address PO Box 18204 City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Pharmacy Providers of Oklahoma, Inc. Receipt For: Primary General Other (specify)	State Zip Code OK 73154 C Occupation Chief Executive Officer Aggregate Year-to-Date 2200.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Terry Wingo Mailing Address 472 Providence Ma City Huntsville FEC ID number of contributing federal political committee. Name of Employer Madison Drugs Receipt For: Primary General	n St NW State Zip Code AL 35806 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: 20101105_00420 Amount of Each Receipt this Period 100.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Terry Wingo Mailing Address 472 Providence Ma City Huntsville FEC ID number of contributing federal political committee. Name of Employer Madison Drugs Receipt For:	n St NW State Zip Code AL 35806 C Occupation Owner/Manager Aggregate Year-to-Date ▼	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional))	400.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 264 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may no e name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	sociation - PAC		
Α.	Full Name (Last, First, Middle Initial) Lea Wolsoncroft Mailing Address 1936 Old Orchard Rd	Date of Receipt		
				10 25 2010
	City Vestavia	State AL	Zip Code 35216-2247	Transaction ID: 20101105_00421 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OSETO EET	365.00
	Name of Employer Kids Meds Pharmacy	Occupation Pediatric Ph	narmacist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 365.00	
_ В.	Full Name (Last, First, Middle Initial) Allan Wong			Date of Receipt
	Mailing Address 4445 Kissena Blvd # A			10 21 2010
	City	State	Zip Code	Transaction ID: 20101105_00422
	Flushing FEC ID number of contributing federal political committee.	C	11355-3055	Amount of Each Receipt this Period 100.00
	Name of Employer Victoria Pharmacy	Occupation Owner/Man	ıager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1100.00	
_ C.	Full Name (Last, First, Middle Initial) Allan Wong	<u> </u>		Date of Receipt
	Mailing Address 4445 Kissena Blvd # A			1 1 1 1 9 2 0 1 0
	City Flushing	State NY	Zip Code 11355-3055	Transaction ID: 20101201_00385 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11000 0000	100.00
	Name of Employer Victoria Pharmacy	Occupation Owner/Man	ager	
	Receipt For: Primary General Other (specify) ▼	_ '	ear-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)	1		565.00
t	TOTAL This Period (last page this line number		<u> </u>	

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using a NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any perso the name and address of any political committee to ssociation - PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce D. Wood Mailing Address 118 S Vine St City Arthur FEC ID number of contributing federal political committee. Name of Employer Dicks Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IL 61911-1334 C Occupation Owner/Manager 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_00423 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Bruce D. Wood Mailing Address 118 S Vine St City Arthur FEC ID number of contributing federal political committee. Name of Employer Dicks Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IL 61911-1334 C Occupation Owner/Manager Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James T. Wood Mailing Address PO Box 899 3868 Highway 431 City Roanoke FEC ID number of contributing federal political committee. Name of Employer Emerging Home Care Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AL 36274-0899 C Occupation Owner/Manager Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scl for each category Detailed Summa	y of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	ne name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James T. Wood Mailing Address PO Box 899 3868 Highway 431 City Roanoke	State Zip Code AL 36274-0899	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Emerging Home Care Pharmacy Receipt For: □ Primary □ General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date	800.00
Full Name (Last, First, Middle Initial) Dana L. Woods Mailing Address 301 W Main St City Mountain View FEC ID number of contributing federal political committee. Name of Employer Woods Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AR 72560-1229 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M D D 2 1 2 0 1 0
Full Name (Last, First, Middle Initial) Dana L. Woods Mailing Address 301 W Main St City Mountain View FEC ID number of contributing federal political committee. Name of Employer Woods Pharmacy Receipt For: Primary General Other (specify)	State Zip Code AR 72560-1229 C Occupation Owner/Manager Aggregate Year-to-Date	Date of Receipt M M D D 2 0 1 0
SUBTOTAL of Receipts This Page (optional)		150.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists A	d Statements may not be sold or used by any personant the name and address of any political committee to Association - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Erica Worhatch Mailing Address 215 W Nordic Drive		Date of Receipt
City Petersburg FEC ID number of contributing	State Zip Code AK 99833-1208	Transaction ID: 20101105_00426 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify)	Occupation Owner/Manager Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Erica Worhatch Mailing Address 215 W Nordic Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Petersburg FEC ID number of contributing federal political committee.	State Zip Code AK 99833-1208	Transaction ID: 20101201_00389 Amount of Each Receipt this Period 50.00
Name of Employer Petersburg Rexall Drug Inc Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Gary W. Wright Mailing Address 960 Ross St		Date of Receipt 10 21 2010
City Heflin FEC ID number of contributing federal political committee.	State Zip Code AL 36264-1164 C	Transaction ID: 20101105_00427 Amount of Each Receipt this Period 50.00
Name of Employer Wright Drug Company Receipt For: Primary General Other (specify) ▼	Occupation Owner/Manager Aggregate Year-to-Date 550.00	
SUBTOTAL of Receipts This Page (optional)	150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 / 274 (check only one) X 11a
(Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Community Pharmacists As	sociation - PA	C	
Α.	Full Name (Last, First, Middle Initial) Gary W. Wright			Date of Receipt
	Mailing Address 960 Ross St City	State	Zip Code	11 19 20101201 00200
	Heflin	AL	36264-1164	Transaction ID: 20101201_00390 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	322	50.00
	Name of Employer Wright Drug Company	Occupation Owner/Ma		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
– В.	Full Name (Last, First, Middle Initial) Robert L. Wright, Jr.			Date of Receipt
	Mailing Address 300 Perry St			10 21 2010
	City	State	Zip Code	Transaction ID: 20101105_00428
	<u>Helena</u>	AR	72342-3325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Economy Drug Inc	Occupation Owner/Ma		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
с. С.	Full Name (Last, First, Middle Initial) Shabana Yasmin			Date of Receipt
	Mailing Address 277 E Rowland St			10 21 2010
	City Covina	State	Zip Code	Transaction ID: 20101105_00429
	FEC ID number of contributing federal political committee.	CA	91723	Amount of Each Receipt this Period 50.00
	Name of Employer Med Plus Pharmacy	Occupation Owner/Ma		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)			150.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 269 / 274 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
7 Marieria: Community Marinaciote / R		
Full Name (Last, First, Middle Initial) Shabana Yasmin		Date of Receipt
Mailing Address 277 E Rowland St		1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 20101201_00392
Covina	CA 91723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Med Plus Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Jeffrey E. Young		Date of Receipt
Mailing Address 1095 Tamiami Trl N Ste B		10 21 2010
City	State Zip Code	Transaction ID: 20101105_00430
Nokomis	FL 34275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Village Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	
Full Name (Last, First, Middle Initial) Jeffrey E. Young		Date of Receipt
Mailing Address 1095 Tamiami Trl N Ste B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20101201_00393
Nokomis	FL 34275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Village Pharmacy	Occupation Owner/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	er only) I	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 X 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Community Pharmacists A	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to a ssociation - PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Doggett for Us Congress Mailing Address PO Box 5843 City Austin FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code TX 78763 C Occupation Aggregate Year-to-Date ▼ 1075.80	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address PO Box 3662 City Seattle FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code WA 98124 C Occupation Aggregate Year-to-Date ▼ 766.36	Date of Receipt M M M
Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address PO Box 3662 City Seattle FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code WA 98124 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 7715A6D38F65DE22A7 Amount of Each Receipt this Period 233.64 Refund
SUBTOTAL of Receipts This Page (optional)		2075.80
TOTAL This Period (last page this line numb	er only)	2075.80

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 2	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person fo	r the purpose of soliciting contributions	300
NAME OF COMMITTEE (In Full) National Community Pharmacists Associa	tion - PAC			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: V19FD368D901AA6 Date of Disbursement	 E2040
Mailing Address American Expressway			$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	
	State Zip Code FL 33337		Amount of Each Disbursement this Period	_
Purpose of Disbursement AMEX Credit Card Bank Fees		001	352.03	
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼	.,,,,,		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: V255A5AD96EBFD3	 2072
Discover			Date of Disbursement	1012AC
Mailing Address PO Box 3016			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$	
,	State Zip Code OH 43054		Amount of Each Disbursement this Period	_
Purpose of Disbursement	4004		105.38	
Discover Credit Card Bank Fees Candidate Name		001 Category/ Type		
Senate President	ement For: Primary General Other (specify)	1,700		
State: District: Full Name (Last, First, Middle Initial)				
EFS National Bank			Transaction ID: V532F9EA8A5BF37 Date of Disbursement	26CB0
Mailing Address PO Box 30668			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$	
City Memphis	State Zip Code TN 38130		Amount of Each Disbursement this Period	_
Purpose of Disbursement M/C/ VIsa Credit Card Bank Fees		001	1532.52	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	·		
State: District:	□ Canor (openity) ▼			
SURTOTAL of Dishursements This Page (optional)			1989.93	7

TOTAL This Period (last page this line number only)

1989.93

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE N	NUMBER:	PAGE 272 / 274
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
ny Information copied from such Reports and Staten r for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	e and address of any political	Oommittee	2 10 3011		om such committee
National Community Pharmacists Associa	tion - PAC				
Full Name (Last, First, Middle Initial)				Transaction ID	: 11EF3354453B9B805
America Works Pac				Date of Disburs	
Mailing Address PO Box 76187				1 0	20 / 2010
City Washington	State Zip Code DC 20013			Amount of Each	Disbursement this Period
Purpose of Disbursement			_		2500.00
2010 Contribution		011	_		
Candidate Name America Works Pac		Categor Type	y/		
Office Sought: House Disburse Senate	ement For: 2010 Primary General				
	Other (specify)				
State: District: Contrib	ution				
Full Name (Last, First, Middle Initial)					: AD4C6FA7CC671971
Austin Scott for Congress Inc				Date of Disburs	
Mailing Address PO Box 27750				11 2	22 7 2010
City Macon	State Zip Code GA 31221			Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 General Election Debt		011	\neg		2500.00
Candidate Name James Austin Scott		Categor Type	y/		
	ement For: 2010				
Senate President	Primary X General Other (specify) ▼				
State: GA District: 08	cuio (epeeny) 🔻				
Full Name (Last, First, Middle Initial) Doc Pac				Transaction ID Date of Disburs	: 605C3DB6137402585
Mailing Address 264 N. Lumpkin Street, #	‡202			11 / 2	2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code			Amount of Each	n Disbursement this Period
Athens	GA 30601				2500.00
Purpose of Disbursement 2010 Contribution		011			2300.00
Candidate Name Doc Pac		Categor Type	y/		
Office Sought: House Disburse	ement For: 2010				
Senate President X	Primary General Other (specify)				
State: District: Contrib					
SUBTOTAL of Disbursements This Page (optional)			•		7500.00
			_		
TOTAL This Period (last page this line number only)			•	EEC Cabadii	ile B (Form 3X) (Revised 02

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 273 / 274
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
ny Information copied from such Reports and S r for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , ,			
National Community Pharmacists Ass	ociation - PAC			
Full Name (Last, First, Middle Initial)				1EDC5FD315C9F5B <i>F</i>
Majority Committee PacMc Pac			Date of Disbursem	
Mailing Address PO Box 10134			11 22	2010
City Bakersfield	State Zip Code CA 93389		Amount of Each D	sbursement this Period
Purpose of Disbursement	OA 95569			2500.00
2010 Contribution		011		
Candidate Name Majority Committee PacMc Pac		Category/ Type		
Office Sought: House Dis	oursement For: 2010 Primary General			
President	X Other (specify)			
	ntribution			
Full Name (Last, First, Middle Initial) McDowell for Congress			Transaction ID: Date of Disbursem	C827DFAA4C51C52F
Mailing Address PO Box 913			10 20	
City Sault Ste. Marie	State Zip Code MI 49783		Amount of Each D	sbursement this Period
Purpose of Disbursement 2010 General		011		1000.00
Candidate Name Gary McDowell		Category/ Type		
Office Sought: X House Dis	oursement For: 2010 Primary X General			
President State: MI District: 01	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	9FA9C44BA586F8DF
Southerland for Congress			Date of Disbursem	
Mailing Address PO Box 1692			111 22	['] 2010 [']
City	State Zip Code		Amount of Each D	sbursement this Period
Lynn Haven Purpose of Disbursement	FL 32444			1000.00
2010 General		011		
Candidate Name William Steve Southerland, II		Category/ Type		
Office Sought: X House Senate President	oursement For: 2010 Primary X General Other (specify)			
State: FL District: 02	(1 - J) ¥			
SUBTOTAL of Disbursements This Page (opti	nal)	<u>Þ</u>		4500.00
	only)			

В.

SCHEDULE B (FEC Form 3X)	501	R LINE NUMBER: PAGE 274/274
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	R LINE NUMBER: PAGE 274 / 274 ck only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) National Community Pharmacists Association	ion - PAC	
Full Name (Last, First, Middle Initial) Steve Chabot for Congress		Transaction ID: 855E1ECB73ADB6B221 Date of Disbursement
Mailing Address 3030 Harrison Ave.		111 22 7 2010
,	State Zip Code OH 45211	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	011	1000.00
Candidate Name Steve Chabot	Catego Type	
Senate President	ment For: 2010 Primary X General Other (specify) ▼	
State: OH District: 01 Full Name (Last, First, Middle Initial)		T .: ID .005400070504D5DD07
Whitfield for Congress Committee		Transaction ID: 60EA329705C4D5DD07
Mailing Address PO Box 391		
	State Zip Code KY 42241	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	011	2000.00
Candidate Name Edward Whitfield	Catego Type	· 1
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3000.00
TOTAL This Period (last page this line number only)	•	15000.00

State: KY

District: 01