

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

National Community Pharmacists Association - PAC

ADDRESS (number and street)

100 Daingerfield Road

☐Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2885

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00030809

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

07

31

2008

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

Type or Print Name of Treasurer

Mr. B. Douglas Hoey

Signature of Treasurer

Electronically Filed by Mr. B. Douglas Hoey

Date

01

31

2011

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

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

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 177

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2008</span>		677830.85
(b) Cash on Hand at Beginning of Reporting Period .....	645001.21	
(c) Total Receipts (from Line 19) .....	68087.32	442596.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	713088.53	1120426.93
7. Total Disbursements (from Line 31) .....	62244.01	469582.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	650844.52	650844.52
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 177

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	61319.98	326986.90
(ii) Unitemized .....	5990.00	108756.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	67309.98	435743.24
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	67309.98	435743.24
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	777.34	5852.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	68087.32	442596.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	68087.32	442596.08

## DETAILED SUMMARY PAGE

of Disbursements

5 / 177

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1744.01	13975.26	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1744.01	13975.26	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	455607.15	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	62244.01	469582.41	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62244.01	469582.41	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 177

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) .....	67309.98	435743.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67309.98	435743.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1744.01	13975.26
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1744.01	13975.26

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

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

FOR LINE NUMBER: PAGE 7 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David M. Adams

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016102

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Greg Adams

Mailing Address 815 Frisco Ave

City

Clinton

State

OK

Zip Code

73601-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salisbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016503

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Julian R. Adams, Jr.

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008722

Amount of Each Receipt this Period

50.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Aimee Aday

Mailing Address 2780 Hwy 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022749

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth W. Aday, Jr.

Mailing Address 2800 Hwy 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018576

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Agovino

Mailing Address 3887 Sedgwick Ave

City

Bronx

State

NY

Zip Code

10463-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sedgwick Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003881

Amount of Each Receipt this Period

100.00

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

200.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Carl Allison

Mailing Address 780 SE Baya Dr

City

Lake City

State

FL

Zip Code

32025-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baya Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015798

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen J. Amato

Mailing Address 938 Patricia Ave

City

Dunedin

State

FL

Zip Code

34698-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005428

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph E. Anderson

Mailing Address 631 16th St / PO Box 966

City

Bedford

State

IN

Zip Code

47421-0966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crowders Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007534

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009300

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Archbell

Mailing Address PO Box 988

City

Kitty Hawk

State

NC

Zip Code

27949-0988

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bear Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005778

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charlie H. Armstrong

Mailing Address PO Box 4721

City

Chattanooga

State

TN

Zip Code

37405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_009977

Amount of Each Receipt this Period

500.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David A. Arnold

Mailing Address 1013 Jefferson St

City

Greenfield

State

OH

Zip Code

45123-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stewarts Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013407

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Bradley J. Arthur

Mailing Address 431 Tonawanda St

City

Buffalo

State

NY

Zip Code

14207-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Black Rock Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017257

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Donald W. Arthur, Jr.

Mailing Address 935 Brighton Rd

City

Tonawanda

State

NY

Zip Code

14150-8113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brighton Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000960

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Kevin Atkins

Mailing Address 701 3rd St

City

Marble Falls

State

TX

Zip Code

78654-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atkins Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017464

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Tommy R. Atkinson

Mailing Address PO Box 349

City

Chesterfield

State

SC

Zip Code

29709-0349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chesterfield Drug Co, Inc.

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008460

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Gerald P. Bailey

Mailing Address 2007 Camp Jackson Rd

City

Cahokia

State

IL

Zip Code

62206-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fisher Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007582

Amount of Each Receipt this Period

150.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry Bailey

Mailing Address 711 Main St

City

Johnson City

State

NY

Zip Code

13790-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019277

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Edward L. Baise

Mailing Address 325 E BRdway St

City

Campbellsville

State

KY

Zip Code

42718-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Centre Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 20080730\_012831

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Sam Bakar

Mailing Address 535 E 170th St

City

Bronx

State

NY

Zip Code

10456-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kings Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_001155

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Timothy E. Baker

Mailing Address 53 Narragansett Ave

City

Jamestown

State

RI

Zip Code

02835-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baker's Pharmacy of James-  
town

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011243

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Steve K. Balas

Mailing Address 702 S McCarty Ave

City

Eagle Lake

State

TX

Zip Code

77434-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eagle Lake Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012584

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles G. Barger, Sr.

Mailing Address 60 NE 1st St

City

Pompano Beach

State

FL

Zip Code

33060-6602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pompano Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008907

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John H. Barsness

Mailing Address 111 E Main St

City

Laurel

State

MT

Zip Code

59044-3137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genes Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 20080730\_015887

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Delane M. Bassett

Mailing Address 419 E Davis St

City

Luling

State

TX

Zip Code

78648-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Luling Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002379

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Richard E. Beck

Mailing Address 802 N Carancahua #1830

City

Corpus Christi

State

TX

Zip Code

78401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Pharmacy Business  
Council

Occupation

Vice President Pharmacy Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007755

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Jerry L. Bell

Mailing Address 18 W Main St

City

Parsons

State

TN

Zip Code

38363-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_007480

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Bell

Mailing Address PO Box 424

City

Macon

State

MS

Zip Code

39341-0424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005255

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Byron Berry, Jr.

Mailing Address 508 N Main St

City

Carrollton

State

IL

Zip Code

62016-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacy Plus, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012275

Amount of Each Receipt this Period

100.00

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

650.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert E. Bertelli

Mailing Address 1210 3rd St

City

Atwater

State

CA

Zip Code

95301-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bertelli's Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017672

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Leah Bishop

Mailing Address PO Box 159, 51600 S Huntington Rd

City

La Pine

State

OR

Zip Code

97739-9626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drug Mart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022850

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy N. Bishop

Mailing Address 103 Sand Mountain Dr NE

City

Albertville

State

AL

Zip Code

35950-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bishops Pharmacy And Gifts  
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009898

Amount of Each Receipt this Period

150.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Bivens

Mailing Address 619 W 2nd PO Box 927

City

Clarendon

State

TX

Zip Code

79226-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarendon Outpost Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010570

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael R. Blaire

Mailing Address 10921 N 140th Way

City

Scottsdale

State

AZ

Zip Code

85259-4615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diamondback Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004801

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William R. Blakesley

Mailing Address 124 W Main St

City

Manchester

State

IA

Zip Code

52057-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blakesley Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_002196

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michelle D. Blanton

Mailing Address 1616 E Main St

City

Humboldt

State

TN

Zip Code

38343-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duvall Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002817

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Bonnie L. Bobbs-Dicello

Mailing Address 1822 W Market St

City

Pottsville

State

PA

Zip Code

17901-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yorkville Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015647

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Betty Jean Bocchino-O'Shea

Mailing Address 294 Lee Hwy

City

Verona

State

VA

Zip Code

24482-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verona Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020225

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick L. Boggs

Mailing Address PO Box 188

City

Plain Dealing

State

LA

Zip Code

71064-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelly Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_004638

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Bonaccorsi

Mailing Address 39 S BRdway

City

Pitman

State

NJ

Zip Code

08071-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pitman Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020890

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Frederick J. Bonchosky

Mailing Address 1238 National Pike

City

Hopwood

State

PA

Zip Code

15445-0090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rx Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010066

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard L. Boone

Mailing Address PO Box 480999

City

Linden

State

AL

Zip Code

36748-0999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Little Drug Company Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004014

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael P. Bordes

Mailing Address 401 Sycamore St

City

Williamsburg

State

KY

Zip Code

40769-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corner Prescription Shoppe  
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002501

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Richard M. Bowie

Mailing Address 5100 Curry Hwy Ste 150

City

Jasper

State

AL

Zip Code

35503-5868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bowie's Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_010181

Amount of Each Receipt this Period

250.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert C. Bowles, Jr.

Mailing Address 301 N Center St

City

Thomaston

State

GA

Zip Code

30286-3636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Big C Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011337

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Bowser

Mailing Address 241 W Long Ave

City

Du Bois

State

PA

Zip Code

15801-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shankels Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017369

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sam Boyajian

Mailing Address 131 E Main St

City

Gardner

State

KS

Zip Code

66030-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gardner Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018965

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Andrea L. Boyd

Mailing Address PO Box 332

City

Plattsburg

State

MO

Zip Code

64477-0332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plattsburg Clinic Pharmac-  
y, Inc.

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018552

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Larry L. Braden

Mailing Address 4344-B Southside Dr

City

Acworth

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lacey Drug Co Inc

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013469

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Tim M. Bridges

Mailing Address 38 S Tallahassee St

City

Hazlehurst

State

GA

Zip Code

31539-6154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hardies Drug Store Inc

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_003892

Amount of Each Receipt this Period

1000.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael T. Briscoe

Mailing Address 2295 Oak Rd

City

Snellville

State

GA

Zip Code

30078-2356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Snells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020066

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stan Britten

Mailing Address 6700 W 9th Ave

City

Amarillo

State

TX

Zip Code

79106-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adc Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003612

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

George W. Brookins

Mailing Address PO Box 368

City

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing  
federal political committee.

C

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

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004519

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Sally M. Brooks-Higginbotham

Mailing Address PO Box 414

City

Lakeville

State

NY

Zip Code

14480-0414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Livonia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017941

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Brossart, Jr.

Mailing Address 45B S Miami Ave

City

Cleves

State

OH

Zip Code

45002-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brossart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015156

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Brown

Mailing Address 5277 Lincoln Hwy

City

Gap

State

PA

Zip Code

17527-9427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Longenecker Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019969

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Brumer

Mailing Address 1150 N 35th Ave Ste 105

City

Hollywood

State

FL

Zip Code

33021-5424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollywood Discount Pharma-  
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 20080730\_011268

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph G. Brummer

Mailing Address PO Box 107

City

Anthony

State

KS

Zip Code

67003-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Irwin Potter Drug Medical  
Lab

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010377

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony T. Budde, Sr.

Mailing Address 68 N Bellwood Rd

City

Bethalto

State

IL

Zip Code

62010-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rinderers Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013704

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Kip Burkett

Mailing Address 302 N Main St

City

Rushville

State

IN

Zip Code

46173-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rushville Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010910

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Steve Burklow

Mailing Address 4880 Woodbine Rd

City

Pace

State

FL

Zip Code

32571-8762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Burklow Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001100

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Cain

Mailing Address 7455 Hanson Rd

City

Hanson

State

KY

Zip Code

42413-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hanson Pharmacy and Well-  
ness Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022974

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Jerry Callahan

Mailing Address 106 BRdway St Ste A

City

Elsberry

State

MO

Zip Code

63343-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elsberry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019466

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Cantalino

Mailing Address 546 Uniondale Ave

City

Uniondale

State

NY

Zip Code

11553-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Uniondale Chemists

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000779

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Carson

Mailing Address 7220 Louis Pasteur Dr Ste 176

City

San Antonio

State

TX

Zip Code

78229-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004046

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John R. Carson

Mailing Address 7220 Louis Pasteur Dr Ste 176

City

San Antonio

State

TX

Zip Code

78229-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008146

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

David Carter

Mailing Address PO Box 308

City

Chetopa

State

KS

Zip Code

67336-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riggs Drugs Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006147

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles E. Carvajal

Mailing Address 19 Orsinger HI

City

San Antonio

State

TX

Zip Code

78230-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carvajal Pharmacy CS

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008609

Amount of Each Receipt this Period

75.00

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

325.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gabriel Cassar

Mailing Address 3005 Rio Claro Dr

City

Hacienda Heights

State

CA

Zip Code

91745-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_010366

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Frank J. Cassidy

Mailing Address 1 Winter St Ste 3

City

Rochester

State

NH

Zip Code

03867-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010211

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Caswell

Mailing Address 2303 Military Ave

City

Baxter Springs

State

KS

Zip Code

66713-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wolkar Drug Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005276

Amount of Each Receipt this Period

150.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles R. Catalano

Mailing Address 5737 Main St

City

Flushing

State

NY

Zip Code

11355-5332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Worlds Fair Ltc Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005017

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Nolton W. Causey, Jr.

Mailing Address 407 Bienville St

City

Natchitoches

State

LA

Zip Code

71457-5702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Causey's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011511

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Chamberlain

Mailing Address 3661 N Canyon Rd

City

Provo

State

UT

Zip Code

84604-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edgemont Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020472

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Hugh M. Chancy

Mailing Address 205 E Main St

City

Hahira

State

GA

Zip Code

31632-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chancy Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2008

Transaction ID: 20080725\_018311

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Wendell P. Chitmon

Mailing Address 1000 E Matthews Ave Ste A

City

Jonesboro

State

AR

Zip Code

72401-4344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Super V Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2008

Transaction ID: 20080711\_009874

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Rodney C. Clay

Mailing Address PO Box 970

City

Magalia

State

CA

Zip Code

95954-0970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paradise Pines Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2008

Transaction ID: 20080725\_001571

Amount of Each Receipt this Period

100.00

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

700.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

James E. Coast

Mailing Address PO Box 911

109 W Kansas

City

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006941

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Jack L. Coffey

Mailing Address 4502 E. 41st St. Ste 1H13

City

Tulsa

State

OK

Zip Code

74135-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Oklahoma

Occupation

Faculty Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007996

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Colvin

Mailing Address 14 Fourth Ave.

City

Auburn

State

NY

Zip Code

13021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts College of  
Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022208

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Frank Conwell

Mailing Address 10835 Dauphin Island Pkwy

City

Theodore

State

AL

Zip Code

36582-7453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conwells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_017612

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Royce G. Cook, Jr.

Mailing Address 1050 Junction Hwy

City

Kerrville

State

TX

Zip Code

78028-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kerrville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002100

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Lewis Cooper, Jr.

Mailing Address PO Box 668, 3353 US Hwy 1

City

Vass

State

NC

Zip Code

28394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coopers Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007142

Amount of Each Receipt this Period

100.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Cory

Mailing Address 389 Stafford Rd

City

Fall River

State

MA

Zip Code

02721-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000908

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles D. Cottrell

Mailing Address 1121 Belleville Ave # A

City

Brewton

State

AL

Zip Code

36426-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014291

Amount of Each Receipt this Period

416.65

**C.**

Full Name (Last, First, Middle Initial)

Michael E. Coughlin

Mailing Address 5828 Reeds Rd

City

Mission

State

KS

Zip Code

66202-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ScriptPro LLC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000397

Amount of Each Receipt this Period

100.00

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

616.65

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

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

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

FOR LINE NUMBER: PAGE 36 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert B. Coulter

Mailing Address 1123 Adams Ave

City

La Grande

State

OR

Zip Code

97850-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red Cross United Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010759

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Larry D. Courtney

Mailing Address PO Box 13266

City

Edwardsville

State

KS

Zip Code

66113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001995

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ernest H. Creekmore, Jr.

Mailing Address 248 S Main St

City

Jellico

State

TN

Zip Code

37762-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Drug Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 20080730\_014595

Amount of Each Receipt this Period

500.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Tommy Dagenhart

Mailing Address 1918 Randolph Rd Ste 120

City

Charlotte

State

NC

Zip Code

28207-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nalle Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005564

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Donald S. Daly

Mailing Address 3713 S Park Ave

City

Blasdell

State

NY

Zip Code

14219-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forsters Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 20080730\_012684

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Danhauer

Mailing Address 330 Frederica St

City

Owensboro

State

KY

Zip Code

42301-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Danhauer Drugs Co

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006777

Amount of Each Receipt this Period

100.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Arthur Daniel, Jr.

Mailing Address PO Box 1410

City

Canutillo

State

TX

Zip Code

79835-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Valley Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_015580

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Darby

Mailing Address 301 E Three Notch St

City

Andalusia

State

AL

Zip Code

36420-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Darby's Village Pharmacy,  
Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005927

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joe T. Daugherty

Mailing Address 1365 Spur Dr - PO Box 93

City

Marshfield

State

MO

Zip Code

65706-0093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanleys Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022447

Amount of Each Receipt this Period

50.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Rodolfo Davila, Jr.

Mailing Address 1423 Guadalupe St Ste 108

City

San Antonio

State

TX

Zip Code

78207-5568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davila Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020444

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rodolfo Davila, III

Mailing Address 1423 Guadalupe St Ste 108

City

San Antonio

State

TX

Zip Code

78207-5568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davila Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017338

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James T. Davis, Jr.

Mailing Address PO Box 1065

City

Columbiana

State

AL

Zip Code

35051-1065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davis Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020551

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Norman W. Davis

Mailing Address 1623 21st Ct

City

Phenix City

State

AL

Zip Code

36867-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012211

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald G. Davis

Mailing Address PO Box 3989

City

Richmond

State

VA

Zip Code

23235-7989

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buford Road Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015850

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy J. Davis

Mailing Address 457 3rd St

City

Beaver

State

PA

Zip Code

15009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaver Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006994

Amount of Each Receipt this Period

50.00

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

200.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John N. Debalko

Mailing Address 322 S Hancock St

City

McAdoo

State

PA

Zip Code

18237-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Standard Drug Store

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011824

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Angelo DeFazio

Mailing Address 500 Farmington Ave

City

Hartford

State

CT

Zip Code

06105-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arrow Prescription Center

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005832

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Johnette DeLeon

Mailing Address PO Box 1139

City

Taylor

State

TX

Zip Code

76574-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pfennigs Prescription Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004740

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Kort H. Delost

Mailing Address 47 E 500 S

City

Bountiful

State

UT

Zip Code

84010-6227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002209

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David Devido

Mailing Address 6435 San Felipe St

City

Houston

State

TX

Zip Code

77057-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Briargrove Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_009038

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Carmen A. Dicello

Mailing Address 1819 Mahantongo St.

City

Pottsville

State

PA

Zip Code

17901-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Towne Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007410

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph DiMatteo

Mailing Address 215 Allegheny Ave

City

Oakmont

State

PA

Zip Code

15139-2058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Stop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009995

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John A. Dinkelaker

Mailing Address 7717 Beechmont Ave

City

Cincinnati

State

OH

Zip Code

45255-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kunkel Pharmaceutical Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012082

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

M. Keith Dodson

Mailing Address 1610 N Main St

City

Altus

State

OK

Zip Code

73521-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bunker Hill Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008782

Amount of Each Receipt this Period

100.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry Doud

Mailing Address PO Box 24389

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rochester Drug Cooperativ-  
e, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018702

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Doyle

Mailing Address PO Box 192

City

Centre Hall

State

PA

Zip Code

16828-0192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McLanahan Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006857

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

William Drahushak, III

Mailing Address 700 S Brady St

City

Du Bois

State

PA

Zip Code

15801-1266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dubois Drug & Wellness

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019441

Amount of Each Receipt this Period

50.00

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

140.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David H. Dunson

Mailing Address 99 Main St

City

Northfork

State

WV

Zip Code

24868-0397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Black Diamond Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014820

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Julie L. Ehemann

Mailing Address 5495 Salem Ave.

City

Dayton

State

OH

Zip Code

45426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cub Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022682

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Glenn Eldridge

Mailing Address 675 Patrick Pl Ste F

City

Brownsburg

State

IN

Zip Code

46112-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grandview Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016602

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Arthur Boyd Ennis, Jr.

Mailing Address 140 Montevallo Ln

City

Birmingham

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Payless Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004266

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Randy . Epley

Mailing Address 208 Avery Ave

City

Morganton

State

NC

Zip Code

28655-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jones Health Mart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006374

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Eric Esterbrook

Mailing Address 301 S 7th Ave, Ste 145

City

Reading

State

PA

Zip Code

19611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Esterbrook Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_000124

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Fapore

Mailing Address 131 S Pleasant Ave

City

Somerset

State

PA

Zip Code

15501-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004477

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mansour Farahat

Mailing Address 27800 Medical Center Rd Ste 99

City

Mission Viejo

State

CA

Zip Code

92691-6415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mission Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018082

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Garland Bruce Faulkenberg

Mailing Address 400 Main St

City

Rockport

State

IN

Zip Code

47635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockport Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019672

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Barry W. Feely

Mailing Address 8093 N Cornerstone Dr

City

Hayden

State

ID

Zip Code

83835-8753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Man Prairie Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003935

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Flener

Mailing Address PO Box 127

City

Munfordville

State

KY

Zip Code

42765-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarks Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_019925

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

David Jue Fong

Mailing Address 801 NBrand Blvd. Ste 330

City

Glendale

State

CA

Zip Code

91203-1269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Pharmacists Networ-  
k, Inc.

Occupation

Network Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003227

Amount of Each Receipt this Period

100.00

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

700.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gene Forrester

Mailing Address 1001 W BRdway

City

Columbia

State

MO

Zip Code

65203-2121

FEC ID number of contributing  
federal political committee.

C

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

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_013130

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Gene Forrester

Mailing Address 1001 W BRdway

City

Columbia

State

MO

Zip Code

65203-2121

FEC ID number of contributing  
federal political committee.

C

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

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013131

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert T. Fox

Mailing Address 661 Capilano Dr.

City

Brentwood

State

CA

Zip Code

94513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019754

Amount of Each Receipt this Period

50.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald F. Francis

Mailing Address 602 EBRdway

City

Newport

State

TN

Zip Code

37821-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jabos Pharmacy Inc Ltc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_001959

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert B. Frankil

Mailing Address Rt 73 & 113 PO Box 197

City

Skippack

State

PA

Zip Code

19474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skippack Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011176

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ira N. Freeman

Mailing Address 12660 Riverside Dr Ste 100

City

Valley Village

State

CA

Zip Code

91607-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Key Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011277

Amount of Each Receipt this Period

50.00

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

650.00

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

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

FOR LINE NUMBER: PAGE 51 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven R. Frost

Mailing Address 600 E Jackson St

City

Medford

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Transaction ID: 20080714\_004544

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas E. Fuller

Mailing Address 223 N Main St PO Box 1109

City

Marion

State

SC

Zip Code

29571-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_020967

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

David Fulton, Jr.

Mailing Address 236 N. Market St.

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whitesells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_013943

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Douglas L. Funk

Mailing Address 1020 Elmhurst Ave

City

Concordia

State

KS

Zip Code

66901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Funk Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012947

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William R. Futrell, Jr.

Mailing Address 124 Main St

City

Rich Square

State

NC

Zip Code

27869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Futrell Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009925

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Alfred Gagliardi

Mailing Address PO Box 219

City

West Grove

State

PA

Zip Code

19390-0219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Chester County  
Phcy

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018952

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Rick Gallaher

Mailing Address 804 Ridgeway Ave

City

Signal Mountain

State

TN

Zip Code

37377-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Signal Mountain Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016240

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lorri Gebo-Shaver

Mailing Address 235 S 4th Ave

City

Pocatello

State

ID

Zip Code

83201-6438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shaver Pharmacy & Compoun-  
ding Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014541

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. George

Mailing Address 58 Main St

City

Akron

State

NY

Zip Code

14001-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004077

Amount of Each Receipt this Period

100.00

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

250.00

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

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

FOR LINE NUMBER: PAGE 54 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Kerry W. Gerdes

Mailing Address 245 Main St

City

Conneaut

State

OH

Zip Code

44030-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gerdes Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_003317

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

R. George Gillman

Mailing Address 480 Main St

City

Brookville

State

IN

Zip Code

47012-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George's Family Pharmacy  
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_015259

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen L. Giroux

Mailing Address PO Box 188

City

Middleport

State

NY

Zip Code

14105-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middleport Family Health  
Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_009351

Amount of Each Receipt this Period

250.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Evans R. Glasgow, Sr.

Mailing Address PO Box 918

City

Amite

State

LA

Zip Code

70422-0918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thrift-Town Healthmart Ph-  
armacy

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001945

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin C. Glick

Mailing Address 4484 Pahee St

City

Lihue

State

HI

Zip Code

96766-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lihue Pharmacy, Inc.

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021359

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Glisson

Mailing Address PO Box 400

City

Nashville

State

NC

Zip Code

27856-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ward Drug Company of Nash-  
ville

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012507

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Don A. Goins

Mailing Address 1780 S 5th St PO Box 172

City

Leesville

State

LA

Zip Code

71446-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dons Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_008316

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Greta Goldshtein

Mailing Address 9821 W Pico Blvd

City

Los Angeles

State

CA

Zip Code

90035-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roxbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_000218

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Goldsmith

Mailing Address 1470 Webb St

City

Cumberland

State

WI

Zip Code

54829-9187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Island City Apothecary Ltd

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_009473

Amount of Each Receipt this Period

500.00

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

1050.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Ricky G. Gonzalez

Mailing Address 1342 Fair Ave

City

San Antonio

State

TX

Zip Code

78223-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Pharmacy

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000196

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Gott

Mailing Address 2403 E Plaza Blvd

City

National City

State

CA

Zip Code

91950-5101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Drug

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000872

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Eric L. Graf

Mailing Address 8614 Hartman Rd

City

Wadsworth

State

OH

Zip Code

44281-9404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ritzman Pharmacies, Inc.

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012871

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER: PAGE 58 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Greenwood

Mailing Address 224 Byron Ave

City

Waterloo

State

IA

Zip Code

50702-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_013587

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Bobby Gregg

Mailing Address 511 Asheville Hwy

City

Greeneville

State

TN

Zip Code

37743-4669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atchley Drug Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_002171

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Paul R. Grisnik

Mailing Address 111 Mill St

City

Grove City

State

PA

Zip Code

16127-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rx Xpress

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_003437

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Grossman

Mailing Address 1180 Beacon St

City

Brookline

State

MA

Zip Code

02446-3885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Je Pierce Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015122

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Don Grove, Jr.

Mailing Address PO Box 1599

City

Warsaw

State

MO

Zip Code

65355-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J And D Truecare Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002727

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Gabriel R. Guijarro

Mailing Address 903 W. Frank Ave

City

Lufkin

State

TX

Zip Code

75904-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004338

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Aaron Gwinn

Mailing Address 840 N Jefferson St

City

Lewisburg

State

WV

Zip Code

24901-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenbrier Medical Arts  
Pharmacy

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022330

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Amber Haag

Mailing Address 1961 Burlingame Rd

City

Emporia

State

KS

Zip Code

66801-7940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Shoppe

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018398

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Luann Haas

Mailing Address 1350 Mulholland St

City

Nauvoo

State

IL

Zip Code

62354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nauvoo Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000263

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul F. Hackett

Mailing Address 101 Pleasant St

City

S Weymouth

State

MA

Zip Code

02190-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oldens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016320

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John G. Haeberle

Mailing Address 721W21 St

City

Kearney

State

NE

Zip Code

68845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haeberle Grand Central Ph-  
armacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007669

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John Hagan

Mailing Address 511 Memorial Blvd

City

Springfield

State

TN

Zip Code

37172-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Springfield Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013334

Amount of Each Receipt this Period

100.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John Hagood

Mailing Address 102 N Main St

City

Medicine Lodge

State

KS

Zip Code

67104-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hibbards Prescriptions Pl-  
us

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006169

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Travis Scott Hall

Mailing Address 700 W Pine St

City

Mount Airy

State

NC

Zip Code

27030-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Airy Drug Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018651

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Halper

Mailing Address 201 City Ave

City

Merion Station

State

PA

Zip Code

19066-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dakes Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009149

Amount of Each Receipt this Period

50.00

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

150.00

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

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

FOR LINE NUMBER: PAGE 63 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Eric J. Hamik

Mailing Address 3611 2nd Ave

City

Kearney

State

NE

Zip Code

68847-8104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U Save Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000420

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey E. Harder

Mailing Address 255 Orchard View Terrace

City

Medford

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Main Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013166

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph H. Harmison

Mailing Address PO Box 152643

City

Arlington

State

TX

Zip Code

76015-8643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DFW Prescriptions Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014053

Amount of Each Receipt this Period

150.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Craig Harmon

Mailing Address PO Box 758

City

Chapin

State

SC

Zip Code

29036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chapin Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003353

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Greg Harmon

Mailing Address PO Box 610

City

Kapaau

State

HI

Zip Code

96755-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kamehameha

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022790

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Debra L. Harron

Mailing Address 144 Mountain View Rd

City

Mars Hill

State

NC

Zip Code

28754-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mars Hill Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003758

Amount of Each Receipt this Period

150.00

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

350.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Brad N. Harth

Mailing Address 1134 Washington St

City

State

Zip Code

Tell City

IN

47586-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Werner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010795

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Steve E. Hartwig

Mailing Address 52 E Arrow St

City

State

Zip Code

Marshall

MO

65340-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red Cross Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009400

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Bentley F. Hawley

Mailing Address PO Box 4474

City

State

Zip Code

Odessa

TX

79760-4474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008086

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Vickie Hayes

Mailing Address 1016 W Atlantic St

City

South Hill

State

VA

Zip Code

23970-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Hill Drug Company

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_021520

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa Hebert

Mailing Address 1710 Johnson St

City

Jennings

State

LA

Zip Code

70546-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Drug Store

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019113

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

H. Edward Heckman

Mailing Address 160 Business Park Cir

City

Stoughton

State

WI

Zip Code

53589-3392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heckman & Associates Inc.,  
IPA

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015457

Amount of Each Receipt this Period

150.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Ron E. Hemberry

Mailing Address 13010 Hwy 12

City

Orofino

State

ID

Zip Code

83544-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Value

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007179

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Holly W. Henry

Mailing Address 7317 35th Ave NE

City

Seattle

State

WA

Zip Code

98115-5918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rxtra Care Pharmacy View  
Ridge

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014891

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Henry

Mailing Address 4831 35th Ave SW

City

Seattle

State

WA

Zip Code

98126-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rxtra Care Pharmacy At the  
Mount

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017303

Amount of Each Receipt this Period

150.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Raymond Greg Hickman

Mailing Address PO Box 965

City

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007233

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Hicks

Mailing Address 1020 Richland Ave W

City

Aiken

State

SC

Zip Code

29801-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022170

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Patrick R. Hilger

Mailing Address 714 N Main St

City

Russell

State

KS

Zip Code

67665-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gregwire Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005621

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Don A. Hill

Mailing Address 1509 W 12th Ave

City

Emporia

State

KS

Zip Code

66801-2457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009846

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mimi Hill-Shannahan

Mailing Address 30 E Dover St

City

Easton

State

MD

Zip Code

21601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hills Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000533

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William J. Hnatyk

Mailing Address 615 Cross St Unit 1112

City

Punta Gorda

State

FL

Zip Code

33950-5551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe #1441

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_004035

Amount of Each Receipt this Period

500.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Keith Hodges

Mailing Address PO Box 9

City

Gloucester

State

VA

Zip Code

23061-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gloucester Pharmacy

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015756

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Brian Douglas Hoey

Mailing Address 1104 Emerald Dr

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Community Pharma-  
cists Associa

Occupation  
Senior Vice President & Chief Operatin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004154

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Holifield

Mailing Address 1595 Harrison St

City

Batesville

State

AR

Zip Code

72501-7222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Econo Mart Pharmacy Inc

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012321

Amount of Each Receipt this Period

150.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David B. Holman

Mailing Address 673 W Karsch Blvd

City

Farmington

State

MO

Zip Code

63640-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holman Healthcare, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002938

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Holtz

Mailing Address 71 124th Ave

City

Shelbyville

State

MI

Zip Code

49344-9772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weick's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019318

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

David Wayne Hopkins

Mailing Address 204 S Talbot

City

St Michaels

State

MD

Zip Code

21663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022605

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Edmund R. Horton

Mailing Address 2445 NW Loop Ste A

City

Stephenville

State

TX

Zip Code

76401-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tanglewood Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008555

Amount of Each Receipt this Period

416.67

**B.**

Full Name (Last, First, Middle Initial)

Stephen Hospodavis

Mailing Address 16103 McMullen Hwy SW

City

Cumberland

State

MD

Zip Code

21502-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steve's Pharmacy Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013289

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Hayden O. Houston, Jr.

Mailing Address PO Box 155

City

Hebron

State

CT

Zip Code

06248-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hebron Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003698

Amount of Each Receipt this Period

100.00

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

616.67

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



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

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

FOR LINE NUMBER: PAGE 73 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Brian Huckle

Mailing Address 5632 E Creek Rd

City

South Wales

State

NY

Zip Code

14139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacy First/Wholesale  
Alliance L.L.C.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021702

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

David Humphries

Mailing Address PO Box 40

City

Burnet

State

TX

Zip Code

78611-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Area Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003111

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Hunt

Mailing Address 339 W 3rd St

City

Forest

State

MS

Zip Code

39074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr Discount Drugs

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014096

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Jabir Husain

Mailing Address 1526 Cortelyou Rd

City

Brooklyn

State

NY

Zip Code

11226-5608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenfield Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017426

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John A. Hutchison

Mailing Address 101 W Market St

City

Mount Carroll

State

IL

Zip Code

61053-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001018

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Peter K. Illig

Mailing Address 445 BRd St

City

Salamanca

State

NY

Zip Code

14779-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012807

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan D. Jacobs

Mailing Address 413 BRdway St

City

Berlin

State

PA

Zip Code

15530-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berlin Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016347

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Howard Jacobson

Mailing Address 30 Hempstead Ave Ste 156

City

Rockville Centre

State

NY

Zip Code

11570-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockville Centre Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010976

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Malcolm Janet

Mailing Address 4900 Prospect Ave Ste 106

City

Yorba Linda

State

CA

Zip Code

92886-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Linda Vista Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017197

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

H. Barry Jarnigan

Mailing Address PO Box 17124

City

Memphis

State

TN

Zip Code

38187-0124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
StoneRiver Pharmacy Solut-  
ions

Occupation

VP Marketing and Product Management

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019597

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis P. Johnson

Mailing Address 708 S Washington St

City

Grand Forks

State

ND

Zip Code

58201-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walls Medicine Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016642

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Johnson

Mailing Address 109 S Main St

City

Colfax

State

WA

Zip Code

99111-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tick Klock Drugs Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006647

Amount of Each Receipt this Period

50.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Fletcher E. Johnston

Mailing Address 278 Hwy 24 Ste M

City

Morehead City

State

NC

Zip Code

28557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Park Phcy W

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022253

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Chad A. Jones

Mailing Address 406 W 6th St

City

Chelsea

State

OK

Zip Code

74016-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chelsea Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020158

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Tony Jones

Mailing Address 4207 88th St

City

Lubbock

State

TX

Zip Code

79423-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caprock Discount Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013851

Amount of Each Receipt this Period

100.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Finny Joseph

Mailing Address 213 W Main St

City

Durham

State

NC

Zip Code

27701-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Main Street Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021852

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Steven C. Judy

Mailing Address 24 N Main St

City

Petersburg

State

WV

Zip Code

26847-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Judys Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008862

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Eric T. Juergens

Mailing Address 640 N Fountain Ave

City

Springfield

State

OH

Zip Code

45504-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Madison Avenue Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017784

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John G. Kaiser, Jr.

Mailing Address 251 Benedict Ave

City

Norwalk

State

OH

Zip Code

44857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Wells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011152

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Kaplan

Mailing Address 5150 N Federal Hwy

City

Fort Lauderdale

State

FL

Zip Code

33308-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medic Prescription Pharma-  
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_013435

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jason Kasiar

Mailing Address 1409 Locust St

City

Eldorado

State

IL

Zip Code

62930-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beck's Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000189

Amount of Each Receipt this Period

150.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael L. Keller

Mailing Address 141 Hospital Dr  
PO Box 498

City State Zip Code  
Salem KY 42078-0498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clinic Pharmacy Of Ky

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005888

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

E. Harold Kemp

Mailing Address 107 S Duval St

City State Zip Code  
Claxton GA 30417-2029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kemps Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001324

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William C. Kennedy

Mailing Address 28 W Ridge St

City State Zip Code  
Lansford PA 18232-1330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medicine Shoppe

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003664

Amount of Each Receipt this Period

100.00

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

350.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Cathi Ketterling

Mailing Address 1109 Main St

City

Buhl

State

ID

Zip Code

83316-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sav-Mor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006681

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mark E. Kinney

Mailing Address 1101 W. 120th Ave, Ste 400

City

Broomfield

State

CO

Zip Code

80021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independent Pharmacy Coop-  
erative

Occupation

Vice President of Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014138

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Kinsey

Mailing Address 4290 Kinsey Dr

City

Tyler

State

TX

Zip Code

75703-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kinseys Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006555

Amount of Each Receipt this Period

50.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Timothy J. Kirk

Mailing Address 8946 Lewis Ave.

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crary Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021979

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Sherwood Klein, Jr.

Mailing Address 6133 Route 219 Ste 1004

City

Ellicottville

State

NY

Zip Code

14731-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ellicottville Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017885

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mark T. Kleinbeck

Mailing Address 2210 Barron Rd

City

Poplar Bluff

State

MO

Zip Code

63901-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021162

Amount of Each Receipt this Period

150.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard Klenk

Mailing Address 67 Lemay Ct

City

Williamsville

State

NY

Zip Code

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ivylea Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009205

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

John P. Kollhoff

Mailing Address 401 NE 9th St

City

Abilene

State

KS

Zip Code

67410-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019713

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sterling Koonce

Mailing Address PO Box 580

City

Tabor City

State

NC

Zip Code

28463-0580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Koonce Medicine Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004101

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

William E. Koonce

Mailing Address 101 W Main St

City

Spindale

State

NC

Zip Code

28160-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spindale Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000675

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Catherine Kowalski

Mailing Address PO Box 1209

City

Petersburg

State

AK

Zip Code

99833-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Petersburg Rexall

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021068

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Chuck Kray

Mailing Address 731 Cherry Dr

City

Hershey

State

PA

Zip Code

17033-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hershey Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011869

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Joe Kress

Mailing Address 1910 Cochran Rd

City

Pittsburgh

State

PA

Zip Code

15220-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westbrook Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006457

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Greg Kurtz

Mailing Address 406 W Putnam Ave

City

Porterville

State

CA

Zip Code

93257-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seven 02 Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016763

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Chester A. Kuykendall, Jr.

Mailing Address 500 W Commercial St

City

Ozark

State

AR

Zip Code

72949-0292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Village Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008037

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Deborah Lange

Mailing Address 5362 Pinecastle Ct

City

West Chester

State

OH

Zip Code

45069-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Target Pharmacy

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020036

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Laporte

Mailing Address PO Box 216

City

Hennessey

State

OK

Zip Code

73742-0216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
La Porte Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006410

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Tim G. Larsen

Mailing Address PO Box 5120

City

Yelm

State

WA

Zip Code

98597-5120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tims Pharmacy And Gift Shop

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012731

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John D. Lassiter

Mailing Address 3252 SE 29th St

City

State

Zip Code

Del City

OK

73115-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010110

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Sharlea Leatherwood

Mailing Address 7275 N Oak Trfy / PO BOX 28444

City

State

Zip Code

Gladstone

MO

64188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Oak Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011382

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph P. Lech

Mailing Address 13 Rockledge Ln

City

State

Zip Code

Tunkhannock

PA

18657-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2549.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013238

Amount of Each Receipt this Period

416.66

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

866.66

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

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

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

FOR LINE NUMBER: PAGE 88 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael E. Lee

Mailing Address 705 E Main St

City

Davis

State

OK

Zip Code

73030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sooner Pharmacy Of Davis

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_006832

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James M. Leftwich

Mailing Address 2909 Loma Vista Rd

City

Ventura

State

CA

Zip Code

93003-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roger's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016549

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy J. Lehan

Mailing Address 1407 S 4th St

City

DeKalb

State

IL

Zip Code

60115-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehan Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017564

Amount of Each Receipt this Period

150.00

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

550.00

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



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

FOR LINE NUMBER: PAGE 89 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Deanna D. Leikach

Mailing Address 2025 Suffolk Rd

City

Finksburg

State

MD

Zip Code

21048-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Finksburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_003588

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Leikach

Mailing Address 6350 Frederick Rd

City

Baltimore

State

MD

Zip Code

21228-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catonsville Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_015527

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ron Lind

Mailing Address PO Box 99

City

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_005734

Amount of Each Receipt this Period

300.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

J. T. Lindsey

Mailing Address PO Box 98

City

Omega

State

GA

Zip Code

31775-0098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Omega Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_013777

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ken Lloyd

Mailing Address PO Box 441

City

Berry

State

AL

Zip Code

35546-0441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004195

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Richard N. Logan, Jr.

Mailing Address 406 S Main St

City

Charleston

State

MO

Zip Code

63834-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L And S Discount Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015894

Amount of Each Receipt this Period

100.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Long

Mailing Address 433 W Hill St

City

Thomson

State

GA

Zip Code

30824-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Longs Drug Stores of SC  
Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006047

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Lonnie Long

Mailing Address 2101 N Main St.

City

Altus

State

OK

Zip Code

73521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rexco Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014345

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ennie V. Lopez

Mailing Address PO Box 356

City

Caguas

State

PR

Zip Code

00726-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmacia Betances

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009760

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Steve Love

Mailing Address PO Box 59

City

Lillian

State

AL

Zip Code

36549-0059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lillian Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014599

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bradley A. Lueneburg

Mailing Address 237 Hassan St. SE/PO Box 695

City

Hutchinson

State

MN

Zip Code

55350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015224

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Mace

Mailing Address PO Box 777  
PO Box 777

City

Rock Hill

State

NY

Zip Code

12775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rock Hill Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022639

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Neil A. Macklin

Mailing Address 2750 Dundee Rd Ste 9

City

Northbrook

State

IL

Zip Code

60062-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dundee Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006114

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Eddie M. Madden

Mailing Address 101 College Ave

City

Elberton

State

GA

Zip Code

30635-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maddens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009074

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jerid Maddox

Mailing Address 501 Teaco Rd

City

Kennett

State

MO

Zip Code

63857-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teko Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021026

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert L. Maher, Sr.

Mailing Address PO Box 45

City

Patton

State

PA

Zip Code

16668-0045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patton Pharmacy And V And  
S Variety

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010157

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Nasir Mahmood

Mailing Address PO Box 339

City

Pine Plains

State

NY

Zip Code

12567-0339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pine Plains Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004404

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Vijay T. Maktal

Mailing Address 325 Raritan Ave

City

Highland Park

State

NJ

Zip Code

08904-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020003

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Matt Mallinson

Mailing Address 11200 1/2 E US Hwy 24

City

Independence

State

MO

Zip Code

64054-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Matts Medicine Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000105

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Sunil Mandalapu

Mailing Address 735 Amsterdam Ave

City

New York

State

NY

Zip Code

10025-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Amsterdam Drug Mart  
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021412

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mark A. Marenberg

Mailing Address 100 N Williams St

City

Paulding

State

OH

Zip Code

45879-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Village Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 20080724\_012841

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Dave Marley

Mailing Address 5008 Peters Creek Pkwy

City

Winston Salem

State

NC

Zip Code

27127-7276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marley Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021573

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Phillip L. Marsiglia

Mailing Address 631 Cherry Hill Rd

City

Baltimore

State

MD

Zip Code

21225-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Baltimore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011671

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James L. Martin, Sr.

Mailing Address 410 Golf Crest Ln

City

Austin

State

TX

Zip Code

78734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dripping Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012425

Amount of Each Receipt this Period

100.00

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

250.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul A. Martin

Mailing Address 5201 Capitol Blvd SW

City

Tumwater

State

WA

Zip Code

98501-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martins Southgate Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010025

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald G. Matthews

Mailing Address 101 Canal St

City

Ellenville

State

NY

Zip Code

12428-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001545

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William V. Mattson

Mailing Address 410 S Meier Rd

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ballin Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001635

Amount of Each Receipt this Period

150.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert M. Maycon

Mailing Address 5100 Germantown Ave

City

Philadelphia

State

PA

Zip Code

19144-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Germantown Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 20080724\_009174

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen J. McCahan

Mailing Address 813A Lower Main St

City

Saxton

State

PA

Zip Code

16678-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mccahans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002542

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Beth McCullough

Mailing Address 121 E Van Buren STE C

City

Eureka Springs

State

AR

Zip Code

72632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020840

Amount of Each Receipt this Period

75.00

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

425.00

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

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

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

FOR LINE NUMBER: PAGE 99 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven McDaniel

Mailing Address 5901 Bell St Ste C-32

City

Amarillo

State

TX

Zip Code

79109-6263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southpark Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017158

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Larry T. McIntosh

Mailing Address 10227 Hartshill Ln

City

Saint Louis

State

MO

Zip Code

63128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmax Pharmacy #1302

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018451

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steve A. McLean

Mailing Address 801 S Main St

City

Laurinburg

State

NC

Zip Code

28352-4724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004375

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark McMurry

Mailing Address 6513 Tobago Dr. #11

City

Saint Thomas

State

VI

Zip Code

802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arch Street Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022961

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Leo McStroul

Mailing Address 8704 Sepulveda Blvd

City

North Hills

State

CA

Zip Code

91343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Clarita Health Care  
Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015991

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Warren G. Meador

Mailing Address PO Box 1749

City

Elk City

State

OK

Zip Code

73648-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meador Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009720

Amount of Each Receipt this Period

150.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Cheryl Meek

Mailing Address 5879 SR 92 Ste 3 Lenox Plaza

City

Kingsley

State

PA

Zip Code

18826-9751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lenox Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019847

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lonnie L. Meredith

Mailing Address 100 S Ave East

City

Haskell

State

TX

Zip Code

79521-0528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005321

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry Meyers

Mailing Address 20914 Roscoe Blvd

City

Canoga Park

State

CA

Zip Code

91304-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeSoto Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016202

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gene Milburn

Mailing Address Box 13

City

Ottawa

State

KS

Zip Code

66067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_022424

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Bethany L. Miller

Mailing Address 10 W BRdway

City

Red Lion

State

PA

Zip Code

17356-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lion Pharmacy

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018509

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4021 Cascade Rd SE Ste 50

City

Grand Rapids

State

MI

Zip Code

49546-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partners in Pharmacy Coop-  
erative

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020094

Amount of Each Receipt this Period

200.00

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

775.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David M. Miller

Mailing Address 678 Wyckoff Ave

City

Wyckoff

State

NJ

Zip Code

07481-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller's of Wyckoff, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014179

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Laird Miller

Mailing Address 4515 Arlington Ct

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022880

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael W. Minesinger

Mailing Address 311 N Western Ave

City

Peoria

State

IL

Zip Code

61604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Pharmacy of Illi-  
nois

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000074

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Martin B. Mintz

Mailing Address 6701 Harford Rd

City

Baltimore

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Pchy And Med Equ-  
ipment

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008343

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

J. Scott Miskovsky

Mailing Address PO Box A

City

Forest City

State

PA

Zip Code

18421-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red Cross Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012472

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dwayne R. Mitchell

Mailing Address 116 Jimmie Davis Blvd

City

Jonesboro

State

LA

Zip Code

71251-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mitchell's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016990

Amount of Each Receipt this Period

50.00

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

250.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Clay W. Moore

Mailing Address 11101 Hefner Pointe Dr Ste 101

City

Oklahoma City

State

OK

Zip Code

73120-5054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medic Pharmacy Hefner Poi-  
nte

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002893

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Steven F. Moore

Mailing Address 28 Montcalm Ave

City

Plattsburgh

State

NY

Zip Code

12901-1533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Condo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020351

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

William O. Moore

Mailing Address 101 W Sinton St Ste B

City

Sinton

State

TX

Zip Code

78387-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moore's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007830

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

W. Whitaker Moose

Mailing Address PO Box 67

City

Mount Pleasant

State

NC

Zip Code

28124-0067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moose Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009804

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Garry Moreland

Mailing Address 124 N Congress St

City

Rushville

State

IL

Zip Code

62681-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moreland And Devitt Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018903

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

A. L. Morris, III

Mailing Address PO Box 6737

City

Pickens

State

SC

Zip Code

29671-0066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003049

Amount of Each Receipt this Period

75.00

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Terry B. Morris

Mailing Address 127 N Main St

City

Paullina

State

IA

Zip Code

51046-7758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barama Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020925

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Edward Moss, III

Mailing Address 1804 W 59th St

City

Bradenton

State

FL

Zip Code

34209-4690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Arts Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 20080724\_022675

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph A. Mosso, Sr.

Mailing Address 304 St John Dr

City

Latrobe

State

PA

Zip Code

15650-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mosso's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007332

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Emil C. Motl

Mailing Address PO Box 1166

City

Monticello

State

NY

Zip Code

12701-8166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gusars Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_022648

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William A. Moye

Mailing Address 107 Moye Dr

City

Mcdonough

State

GA

Zip Code

30253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moyes Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008967

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Deann Mullins

Mailing Address 830 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mullins Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015361

Amount of Each Receipt this Period

150.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Dave Nation

Mailing Address 3030 Burlew Blvd # B

City

Owensboro

State

KY

Zip Code

42303-6486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nations Medicines

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008667

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

P. Kevin Nestrack

Mailing Address 1151 W Iron Springs Rd Ste D

City

Prescott

State

AZ

Zip Code

86305-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Altius Health

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010874

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Robert D. Norman

Mailing Address 124 W. Washington Ave

City

Ava

State

MO

Zip Code

65608-0457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ava Drug

Occupation

Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018168

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER: PAGE 110 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Norman

Mailing Address 101 E Main St.

City

Willow Spgs

State

MO

Zip Code

65793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ferguson Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_008518

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory Notaro

Mailing Address 1769 Orchard Park Rd

City

West Seneca

State

NY

Zip Code

14224-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_006332

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Lou Notaro

Mailing Address 1769 Orchard Park Rd

City

Buffalo

State

NY

Zip Code

14210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clinical Support Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_021108

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick O'Donnell

Mailing Address 821 S 38th St

City

Tacoma

State

WA

Zip Code

98418-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021657

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Gerard O'Hare

Mailing Address 66 W Pike St

City

Canonsburg

State

PA

Zip Code

15317-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey's Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013645

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Goodart O'Neal

Mailing Address PO Box 757

City

Wynne

State

AR

Zip Code

72396-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wynne Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005492

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick A. O'Shea

Mailing Address 509 N Main St

City

Bridgewater

State

VA

Zip Code

22812-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bridgewater Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011779

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John F. Ochs

Mailing Address 301 Bridge St

City

Charlevoix

State

MI

Zip Code

49720-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010534

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Frank A. Odeh

Mailing Address 3026 Javier Rd

City

Fairfax

State

VA

Zip Code

22031-4636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prosperity Speciality Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019517

Amount of Each Receipt this Period

100.00

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

200.00

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



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

FOR LINE NUMBER: PAGE 113 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Tony Ogden

Mailing Address 6415 Sands Dr

City

Pasadena

State

TX

Zip Code

77505-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grovenway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_006610

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bill Osborn

Mailing Address 1505 E Bj Tunnell Blvd

City

Miami

State

OK

Zip Code

74354-3801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Osborn Drugs, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_016282

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kenton H. Page

Mailing Address 5110 N BRdway St Ste 2

City

Knoxville

State

TN

Zip Code

37918-2396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Shoppe #1396

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_012140

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Palmer

Mailing Address 1160 E Saint Clair St

City

Vincennes

State

IN

Zip Code

47591-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Side Pharmacy

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009680

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

George Papageorge

Mailing Address PO Box 1171

City

Nipomo

State

CA

Zip Code

93444-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nipomo Rexall Drugs

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014205

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Scott E. Parker

Mailing Address 116 E Chapman Ave

City

Orange

State

CA

Zip Code

92866-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Watson Drug

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014929

Amount of Each Receipt this Period

100.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 115 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Indravadan R. Patel

Mailing Address 340 N Harbor Blvd

City

La Habra

State

CA

Zip Code

90631-4847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bi Rite

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_004165

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Howard Allan Pavia

Mailing Address 400 N Kaufman St

City

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Linden Legend Drug Co Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017988

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

William A. Pearson

Mailing Address 1700 N Waterman Ave

City

San Bernardino

State

CA

Zip Code

92404-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pearson Medical Group Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001763

Amount of Each Receipt this Period

100.00

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

1150.00

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

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

FOR LINE NUMBER: PAGE 116 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen D. Perine

Mailing Address PO Box 707

City

Rossville

State

KS

Zip Code

66533-0707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doug's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_011058

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Katherine Petsos

Mailing Address 90 S Sykes Creek Pkwy

City

Merritt Island

State

FL

Zip Code

32952-3593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walgreens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_021262

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Doug Phillips

Mailing Address 12 N 3rd St

City

Altamont

State

IL

Zip Code

62411-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Altamont Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_012663

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Sid Pierson

Mailing Address 825 SE Bishop Blvd, Ste 301

City

Pullman

State

WA

Zip Code

99163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sids Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022819

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Martin E. Pietruszewski

Mailing Address 2890 Elmwood Ave

City

Buffalo

State

NY

Zip Code

14217-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenmore Rx Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002465

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Pippenger

Mailing Address 401 S Main St

City

Eufaula

State

OK

Zip Code

74432-3251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eufaula Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021531

Amount of Each Receipt this Period

200.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 118 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Peter A. Pogany

Mailing Address 611 Park Ave

City

Plainfield

State

NJ

Zip Code

07060-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rapps Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005096

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Lloyd Venson Powers, Jr.

Mailing Address 3985 Meeting St

City

Loris

State

SC

Zip Code

29569-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022300

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kerry A. Prickett

Mailing Address 740 Donna Dr

City

Birmingham

State

AL

Zip Code

35226-2838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Pharmacy

Occupation

Vice President, Supervising Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020323

Amount of Each Receipt this Period

50.00

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

400.00

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

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

FOR LINE NUMBER: PAGE 119 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Dan Priest

Mailing Address 1494 State Hwy 248

City

Branson

State

MO

Zip Code

65616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_022474

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Zachary Proniloff

Mailing Address 2611 E. Washington Blvd.

City

Pasadena

State

CA

Zip Code

91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ararat Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_021956

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Y. Pryce

Mailing Address Box 1323 331 Enterprise Blvd

City

Lake Charles

State

LA

Zip Code

70602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pryces Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_007700

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 120 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Rissa H. Pryse

Mailing Address 310 E Central Ave

City

La Follette

State

TN

Zip Code

37766-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terrys Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003152

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas M. Quinlan

Mailing Address 107 N Main St

City

Wayland

State

NY

Zip Code

14572-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quinlan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012621

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Rains

Mailing Address 1003 Madison St

City

Oak Park

State

IL

Zip Code

60302-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sears Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003545

Amount of Each Receipt this Period

100.00

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

350.00

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



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

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

FOR LINE NUMBER: PAGE 121 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

James R. Rankin

Mailing Address 1106 BRdway

City

Highland

State

IL

Zip Code

62249-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Care Pharmacy

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007634

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Rasmuson

Mailing Address 1320 E 200 S

City

Salt Lake City

State

UT

Zip Code

84102-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002776

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mel Rauton, Jr.

Mailing Address 783 High Battery Cir

City

Mount Pleasant

State

SC

Zip Code

29464-7820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prescription Center Inc

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019045

Amount of Each Receipt this Period

50.00

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

300.00

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

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

FOR LINE NUMBER: PAGE 122 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott A. Rayl

Mailing Address 114 S Huron Ave

City

Harbor Beach

State

MI

Zip Code

48441-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harbor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_016700

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Harry S. Reece

Mailing Address 129 W Main St

City

Mountain City

State

TN

Zip Code

37683-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_018124

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bill J. Regel

Mailing Address 5675 Stage Rd

City

Bartlett

State

TN

Zip Code

38134-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bartlett Prescription Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	8

Transaction ID: 20080724\_003142

Amount of Each Receipt this Period

500.00

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

700.00

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

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

FOR LINE NUMBER: PAGE 123 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Harold K. Reich

Mailing Address 39 W 10th St

City

Tracy

State

CA

Zip Code

95376-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harold K Reichs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_016126

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jorge A. Restrepo

Mailing Address 2505 Carmel Ave Ste 110-111

City

Brewster

State

NY

Zip Code

10509-1155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jnr Pharmacy Corp

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 20080714\_018776

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gordon Richards, Jr.

Mailing Address 324 E Main St

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richards Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_008937

Amount of Each Receipt this Period

50.00

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

650.00

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

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

FOR LINE NUMBER: PAGE 124 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael D. Richards

Mailing Address 201 E Park Ave

City

Anaconda

State

MT

Zip Code

59711-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thrifty Drug Store IncOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_000824

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kent A. Richardson

Mailing Address 3510 N Ridge Rd # 920-900

City

Wichita

State

KS

Zip Code

67205-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Custom RX, IncOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_012986

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan M. Rider

Mailing Address 303 Merchant St

City

Fairmont

State

WV

Zip Code

26554-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rider PharmacyOccupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_022406

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address 417 S Victory St

City

Little Rock

State

AR

Zip Code

72201-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AR Pharmacist Assoc.

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009579

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Don R. Ritter

Mailing Address PO Box 868

City

Atoka

State

OK

Zip Code

74525-0868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ritter Express Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_001048

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Don R. Ritter

Mailing Address PO Box 868

City

Atoka

State

OK

Zip Code

74525-0868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ritter Express Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_001050

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Don R. Ritter

Mailing Address PO Box 868

City

Atoka

State

OK

Zip Code

74525-0868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ritter Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_001051

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Don R. Ritter

Mailing Address PO Box 868

City

Atoka

State

OK

Zip Code

74525-0868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ritter Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_001047

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Don R. Ritter

Mailing Address PO Box 868

City

Atoka

State

OK

Zip Code

74525-0868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ritter Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_001049

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER: PAGE 127 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gerald W. Roberts

Mailing Address 1 Westbury Dr Ste B 270

City

Saint Charles

State

MO

Zip Code

63301-2561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Standard Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_011578

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Henry L. Roberts

Mailing Address PO Box 2583

City

Ardmore

State

OK

Zip Code

73402-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_012305

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Joe Rudolph

Mailing Address 2401 Pennsylvania Ave

City

Philadelphia

State

PA

Zip Code

19130-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Philadelphian Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_006496

Amount of Each Receipt this Period

100.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Louis Rumsey

Mailing Address 9209 Elam Rd Ste 105

City

Dallas

State

TX

Zip Code

75217-7359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elam Road Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016887

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas J. Rust

Mailing Address 7857 US Hwy 27

City

Alexandria

State

KY

Zip Code

41001-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alexandria Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010970

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ivan Saiff

Mailing Address 7401 Lahana Cir

City

Boynton Beach

State

FL

Zip Code

33437-7172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014662

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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

FOR LINE NUMBER: PAGE 129 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Shukri Saliba

Mailing Address 16660 Paramount Blvd Ste 106

City State Zip Code  
 Paramount CA 90723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Luke Pharmacy, Inc.

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020262

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Max Salvatore

Mailing Address 2500 Nesconset Hwy, Bldg. 3A

City State Zip Code  
 Stony Brook NY 11790-2555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Park Drug And Sur-  
gical

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010293

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kenny Sanders

Mailing Address 5601 Shirley Park Dr

City State Zip Code  
 Bessemer AL 35022-3402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Pharmacy Coopera-  
tive, Inc.

Occupation  
VP Professional Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020410

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 130 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Sal F. Saraniti

Mailing Address 2817 E. Oakland Park Blvd., Ste 30

City State Zip Code  
**Fort Lauderdale FL 33306**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commcare Pharmacy- FTL

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
**07 25 2008**

Transaction ID: 20080725\_016392

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Edward A. Sayre

Mailing Address 128 High St

City State Zip Code  
**Mineral Point WI 53565-1208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ivey's Pharmacy, Inc.

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**07 25 2008**

Transaction ID: 20080725\_021462

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City State Zip Code  
**Cincinnati OH 45223-2245**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schaeper's Northside Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
**07 25 2008**

Transaction ID: 20080725\_006717

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 131 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John A. Schaff, Sr.

Mailing Address 101 W. Laurel Ave.

City

Foley

State

AL

Zip Code

36535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021890

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ben C. Scott

Mailing Address 2025 Regency Rd

City

Lexington

State

KY

Zip Code

40503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home Care Partners

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009507

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur C. Seigfreid

Mailing Address 6655 Sorensen Pkwy

City

Omaha

State

NE

Zip Code

68152-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seig Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_006254

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 132 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Lawrence K. Shanley

Mailing Address PO Box 86

City

Peru

State

NY

Zip Code

12972-0086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peru Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.01

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005178

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Sharp

Mailing Address 2611 E Thompson Blvd Ste 103

City

Ventura

State

CA

Zip Code

93003-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_012685

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey D. Sigler

Mailing Address 4525 W6th St

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sigler Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022118

Amount of Each Receipt this Period

50.00

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

1150.00

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

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

FOR LINE NUMBER: PAGE 133 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_004918

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City

Croydon

State

PA

Zip Code

19021-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mats Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_017645

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Darrell T. Smith

Mailing Address 621 W 29th St

City

San Angelo

State

TX

Zip Code

76903-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Saveall Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_011483

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER: PAGE 134 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David M. Smith

Mailing Address 155 Main St

City

Brookville

State

PA

Zip Code

15825-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Means Lauf Super Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_014728

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Donald R. Smith

Mailing Address 802 E Medical Ct

City

Post Falls

State

ID

Zip Code

83854-7298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Man West Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_002995

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Joe Smith

Mailing Address 107 Park Ave

City

Falls Church

State

VA

Zip Code

22046-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_010614

Amount of Each Receipt this Period

100.00

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

400.00

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

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

FOR LINE NUMBER: PAGE 135 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Randall D. Smith

Mailing Address 460 N Franklin Ave

City

Colby

State

KS

Zip Code

67701-2326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_002027

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Rod Smith

Mailing Address 582 S Ohio St

City

Salina

State

KS

Zip Code

67401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jims Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_021756

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie C. Smith Cooney

Mailing Address 701 Philadelphia St.

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gatti Pharmacy

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_018757

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Delmas Fagan Sneed

Mailing Address PO Box 346

City

Pulaski

State

TN

Zip Code

38478-0346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reeves Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016077

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ernest W. Snyder

Mailing Address 214 S Main St

City

Seymour

State

MO

Zip Code

65746-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seymour Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018364

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kelly Soekarmoen

Mailing Address 110 S Main St

City

Vicksburg

State

MI

Zip Code

49097-1211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hills Pharmacy Of Vicksbu-  
rg

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000740

Amount of Each Receipt this Period

150.00

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

250.00

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



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

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

FOR LINE NUMBER: PAGE 137 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard A Soileau

Mailing Address 637 St. Ferdinand St

City

Baton Rouge

State

LA

Zip Code

70802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Soileaus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_000447

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Todd Sondrup

Mailing Address 508 E S Temple Ste 124

City

Salt Lake City

State

UT

Zip Code

84102-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Plaza Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_022366

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Sparks

Mailing Address 2000 S. Springfield Ave

City

Bolivar

State

MO

Zip Code

65613-0033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_003786

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 138 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

James O. Spoon

Mailing Address 1325 N Old NPI

City

Sand Springs

State

OK

Zip Code

74063-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.R.B. Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_010429

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Standridge

Mailing Address 2330 McKown Dr Ste B

City

Norman

State

OK

Zip Code

73072-6630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legend Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021441

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sharon Steen

Mailing Address 900 Wilshire Blvd #104

City

Santa Monica

State

CA

Zip Code

90401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005960

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 139 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David A. Stevens

Mailing Address 314 S Main St

City

Canyonville

State

OR

Zip Code

97417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gordons Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018841

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jim Stevenson

Mailing Address 50 S 2nd W

City

Rexburg

State

ID

Zip Code

83440-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019223

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dean Stone, Jr.

Mailing Address 150 S Leroy St

City

Metter

State

GA

Zip Code

30439-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IHS Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015491

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 140 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gerald D. Stone

Mailing Address 404 Hwy 27

City

Comfort

State

TX

Zip Code

78013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Drug Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021800

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rick Stradtner

Mailing Address 420 NW 5th St Ste 1A

City

Evansville

State

IN

Zip Code

47708-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HLS Pharmacies, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002682

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

David Strauch

Mailing Address 121 W 4th St.

City

Appleton City

State

MO

Zip Code

64724-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kreiser Country Pharmacy  
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021352

Amount of Each Receipt this Period

100.00

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

500.00

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

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

FOR LINE NUMBER: PAGE 141 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael R. Strickland

Mailing Address 401 Corsbie St, PO Box 217

City

Hartselle

State

AL

Zip Code

35640-0217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buy Rite Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_001676

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael L. Stuart

Mailing Address PO Box 2248

City

Branson West

State

MO

Zip Code

65737-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeland Pharmacy

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_019081

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Brad Stultz

Mailing Address 1615 Ashland Rd

City

Greenup

State

KY

Zip Code

41144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stultz Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 20080725\_003817

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 142 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Tammy S. Stutes

Mailing Address 2509 Charity St.

City

Abbeville

State

LA

Zip Code

70510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cashway Pharmacy of Abbeville

Occupation

Owner/Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007105

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Leonard J. Sullivan

Mailing Address 4651 Hwy 19

City

Zachary

State

LA

Zip Code

70791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_012373

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Sumner

Mailing Address 8015 W Alameda Ave Ste 100

City

Lakewood

State

CO

Zip Code

80226-3075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Square Pharmacy At  
Bellmar

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013058

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 143 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John G. Sutter

Mailing Address 620 Washington St

City

Horicon

State

WI

Zip Code

53032-1587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011212

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kohen H. Tabor

Mailing Address 225 S Main St

City

Lindsay

State

OK

Zip Code

73052-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tabors Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_011444

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jose O. Tages

Mailing Address 2517 Bergenline Ave.

City

Union City

State

NJ

Zip Code

7087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parentinis Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 8

Transaction ID: 20080711\_007026

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 144 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Taiber

Mailing Address 101 Eagle Ridge Dr

City

Waverly

State

IA

Zip Code

50677-4380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meyer Healthmart Pharmacy

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011626

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Larry E. Talley

Mailing Address 991 W Centerton Blvd

City

Centerton

State

AR

Zip Code

72719-8707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Talley Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019137

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Carlos M. Tamarit

Mailing Address 746 10th Ave

City

New York

State

NY

Zip Code

10019-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cash RX Plus

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016034

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Don Thomason

Mailing Address 720 W Byers Ave

City

Owensboro

State

KY

Zip Code

42303-6330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Don And Daisys Pharmacy  
Plus

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_005459

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Thomerson

Mailing Address 113 N 1st St

City

Gurdon

State

AR

Zip Code

71743-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomerson Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_002579

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Bryan C. Thompson

Mailing Address 821 Scioto St

City

Urbana

State

OH

Zip Code

43078-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_022067

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory B. Thompson

Mailing Address 324 S Union St

City

Traverse City

State

MI

Zip Code

49684-2535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thompson Pharmacy Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015067

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Timmermann

Mailing Address 117 Clintonian Plz

City

Breese

State

IL

Zip Code

62230-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comprehensive Care Phcy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017102

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James H. Toomajian

Mailing Address 601 19th St

City

Watervliet

State

NY

Zip Code

12189-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Watervliet Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_011415

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

James Tristani

Mailing Address 1510 Conowingo Rd Ste A

City

Bel Air

State

MD

Zip Code

21014-1879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_015409

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rudolf J. Trivigno, Sr.

Mailing Address 416 Washington St

City

Hoboken

State

NJ

Zip Code

07030-4982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baron Drug Co li And Surg-  
ical

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_011015

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Margie A. Trythall

Mailing Address 744 SE St.

City

Broken Bow

State

NE

Zip Code

68822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Varney Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_021722

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles W. Tucker

Mailing Address PO Box 291526

City

Kerrville

State

TX

Zip Code

78029-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Stop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001790

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Phillip Tuetken

Mailing Address 419 E 1st St

City

Monticello

State

IA

Zip Code

52310-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Drug Pharmacy- a Phi-  
lip Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020733

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Paul A. Turner

Mailing Address PO Box 700

City

Inola

State

OK

Zip Code

74036-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inola Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004307

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan D. Van Lahr

Mailing Address PO Box 207

City

Irvington

State

KY

Zip Code

40146-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Save Rite Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_002067

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Keith A. Vance

Mailing Address 181 Lowes Foods Dr

City

Lewisville

State

NC

Zip Code

27023-8258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewisville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019885

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kari Vanderhousen

Mailing Address PO Box 459

City

Duvall

State

WA

Zip Code

98019-0459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duvall Family Drugs

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016928

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Qui VanLy

Mailing Address 4917 E Kings Canyon Rd # 102

City

Fresno

State

CA

Zip Code

93727-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresno Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_005655

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Chhagan Vasoya

Mailing Address 752 E Arrow Hwy

City

Pomona

State

CA

Zip Code

91767-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_005214

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Victor A. Vena

Mailing Address 1322 W State St

City

Olean

State

NY

Zip Code

14760-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vic Vena Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_012766

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Evan James Vickers

Mailing Address 91 N Main St

City

Cedar City

State

UT

Zip Code

84720-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bullochs Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019413

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Vivo

Mailing Address 5119 E Beverly Blvd

City

Los Angeles

State

CA

Zip Code

90022-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlantic Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_021224

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Walsh

Mailing Address 1 Marchwood Rd

City

Exton

State

PA

Zip Code

19341-1840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Exton Pharmacy At Marchwo-  
od

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020780

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Maurice J. Warner

Mailing Address 30542 US Hwy 136

City

Unionville

State

MO

Zip Code

63565-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warner Drug

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015957

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Earnest J. Watts

Mailing Address 2354 Hwy 15

City

Whitesburg

State

KY

Zip Code

41858-7414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parkway Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014999

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Scott E. Watts

Mailing Address PO Box 32007

City

Juneau

State

AK

Zip Code

99803-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rons Apothecary Shoppe Ph-  
cy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_019352

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Craig Wear

Mailing Address PO Box 305

City

Carthage

State

IL

Zip Code

62321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wear Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_020514

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Tony Welder

Mailing Address 1314 Bayview Ct

City

New Salem

State

ND

Zip Code

58504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Salem Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_008405

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Don Wellborn

Mailing Address PO Box 985

City

Tucumcari

State

NM

Zip Code

88401-0985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellborn Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_013196

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

R. Wayne West

Mailing Address 124 W Renfro St

City

Burleson

State

TX

Zip Code

76028-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Value West Pharmacy

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_009451

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Westbrook

Mailing Address 1400 State Route 125

City

Amelia

State

OH

Zip Code

45102-2650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Pill Box

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_015176

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John Westerman, Jr.

Mailing Address 147 Lake St. Ste. 101

City

Newburgh

State

NY

Zip Code

12550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hudson View Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_010937

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Steve E. Whitaker

Mailing Address 644 N. Maysville St. Ste 2

City

Mount Sterling

State

KY

Zip Code

40353-9581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whitaker Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018806

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dirk White

Mailing Address 106 Lincoln St

City

Sitka

State

AK

Zip Code

99835-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_013905

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas H. Whitworth

Mailing Address 3469 WPoint Rd

City

Lagrange

State

GA

Zip Code

30240-8650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corley Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_014759

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Wiener

Mailing Address 900 Cathedral St

City

Baltimore

State

MD

Zip Code

21201-5311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Vernon Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003396

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph W. Williams

Mailing Address 247 W Main St

City

Hendersonville

State

TN

Zip Code

37075-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendersonville Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005392

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Guy B. Wilson

Mailing Address PO Box 5289

City

Johnson City

State

TN

Zip Code

37602-5289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilson Pharmacy Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003843

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Justin B. Wilson

Mailing Address 1212-A S Douglas Blvd

City

Midwest City

State

OK

Zip Code

73130-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valu-Med Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_000586

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Lonny D. Wilson

Mailing Address PO Box 18204

City

Oklahoma City

State

OK

Zip Code

73154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacy Providers of Okl-  
ahoma, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_010329

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Eric S. Winegardner

Mailing Address 3306 N Kickapoo Ave

City

Shawnee

State

OK

Zip Code

74804-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eric's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 20080725\_003268

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David B. Winkles

Mailing Address 3818 Hwy 90

City

State

Zip Code

Pace

FL

32571-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winkles Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_005517

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Winn

Mailing Address 2306 DuBois Dr

City

State

Zip Code

Warsaw

IN

46580-3284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warsaw Pill Box Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 20080714\_015276

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stan W. Winters

Mailing Address 17623 Pioneer Blvd

City

State

Zip Code

Artesia

CA

90701-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 20080730\_001086

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Alan Wong

Mailing Address 282 Village Square

City

Orinda

State

CA

Zip Code

94563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018603

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Allan Wong

Mailing Address 4445 Kissena Blvd # A

City

Flushing

State

NY

Zip Code

11355-3055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Victoria Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_007061

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James T. Wood

Mailing Address 3868 Hwy 431 PO Box 899

City

Roanoke

State

AL

Zip Code

36274-0899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerging Home Care Pharma-  
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_004991

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Erica Worhatch

Mailing Address 215 W Nordic Dr

City

Petersburg

State

AK

Zip Code

99833-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Petersburg Rexall Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017532

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Gary W. Worley

Mailing Address 718 W Main St

City

Livingston

State

TN

Zip Code

38570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Super Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_017054

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen D. Woxland

Mailing Address 501 Breezy Point Dr.

City

Pardeeville

State

WI

Zip Code

53954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Village Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_020681

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David A. Wright

Mailing Address 5009 Turnpike Feeder Rd

City

Fort Pierce

State

FL

Zip Code

34951-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Butterfield Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_003499

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gary W. Wright

Mailing Address 960 Ross St

City

Heflin

State

AL

Zip Code

36264-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_016442

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert L. Wright, Jr.

Mailing Address 300 Perry St

City

Helena

State

AR

Zip Code

72342-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Economy Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_008261

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Eric J. Yospa

Mailing Address 907 Smain St  
Ste A

City State Zip Code  
Hampstead MD 21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Pharmacy Of Hampst-  
ead

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_001122

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Jeannette Young

Mailing Address 3708 Freemansburg Ave

City State Zip Code  
Bethlehem PA 18020-6512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Young's Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_000703

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey E. Young

Mailing Address 1095 Tamiami Trl N Ste B

City State Zip Code  
Nokomis FL 34275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Village Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 20080725\_018216

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

61319.98

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 177

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	-------------------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Virginia Commerce Bank

Mailing Address 1414 Prince Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5852.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: 27634

Amount of Each Receipt this Period

777.34

Interest

SUBTOTAL of Receipts This Page (optional) .....

777.34

TOTAL This Period (last page this line number only) .....

777.34

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 177

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address American Expressway

City State Zip Code  
Ft. Lauderdale FL 33337

Purpose of Disbursement

Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V27638

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

281.37

B.

Full Name (Last, First, Middle Initial)

Discover

Mailing Address PO Box 3016

City State Zip Code  
New Albany OH 43054

Purpose of Disbursement

Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V27637

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

47.20

C.

Full Name (Last, First, Middle Initial)

EFS National Bank

Mailing Address PO Box 30668

City State Zip Code  
Memphis TN 38130

Purpose of Disbursement

Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V27636

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

1415.44

SUBTOTAL of Disbursements This Page (optional) .....

1744.01

TOTAL This Period (last page this line number only) .....

1744.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 165 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee Mailing Address PO Box 1242	<b>Transaction ID:</b> 27688 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	8												
City Tucson State AZ Zip Code 85702 Purpose of Disbursement Contribution Candidate Name Raul M. Grijalva Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 07	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	1000.00	011	Category/Type																	
1000.00																					
011																					
Category/Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) Adler for Congress Mailing Address 14 Knightswood Drive	<b>Transaction ID:</b> 27681 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	7		2	0	0	8												
City Marlton State NJ Zip Code 08053 Purpose of Disbursement Contribution Candidate Name John H. Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	2000.00	011	Category/Type																	
2000.00																					
011																					
Category/Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) Andre Carson for Congress Mailing Address PO Box 1863	<b>Transaction ID:</b> 27656 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	0	8												
City Indianapolis State IN Zip Code 46206 Purpose of Disbursement Contribution Candidate Name Andre Carson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 07	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	1000.00	011	Category/Type																	
1000.00																					
011																					
Category/Type																					

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 166 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Ben Chandler for Congress

Mailing Address PO Box 12678

City  
LexingtonState  
KYZip Code  
40508Purpose of Disbursement  
Contribution

Candidate Name

Albert Benjamin Chandler, III

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: KY

District: 06

Transaction ID: 27674

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	8

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Bob Goodlatte for Congress Committee

Mailing Address PO Box 292

City  
RoanokeState  
VAZip Code  
24002Purpose of Disbursement  
Contribution

Candidate Name

Bob Goodlatte

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: VA

District: 06

Transaction ID: 27647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City  
San AntonioState  
TXZip Code  
78212Purpose of Disbursement  
Contribution

Candidate Name

Charles A. Gonzalez

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: TX

District: 20

Transaction ID: 27641

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ciro Rodriguez for Congress

Mailing Address PO Box 14528

City  
San Antonio

State  
TX

Zip Code  
78214

Purpose of Disbursement  
Contribution

Candidate Name  
Ciro D. Rodriguez

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 27672

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Altmire

Mailing Address PO Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement  
Contribution

Candidate Name  
Jason Altmire

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 27673

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Clarke for Congress

Mailing Address 111-36 200Th. Street

City  
Hollis

State  
NY

Zip Code  
11412

Purpose of Disbursement  
Contribution

Candidate Name  
Yvette Diana Clarke

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 11

Transaction ID: 27653

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 168 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Clarke for Congress

Mailing Address 111-36 200Th. Street

City  
Hollis

State  
NY

Zip Code  
11412

Purpose of Disbursement  
Contribution

Candidate Name  
Yvette Diana Clarke

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 11

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 27655

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Connolly for Congress

Mailing Address PO Box 563

City  
Merrifield

State  
VA

Zip Code  
22116

Purpose of Disbursement  
Contribution

Candidate Name  
Gerald E. Connolly

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 11

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 27679

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Cooper for Congress

Mailing Address C/O Davidson, Golden & Lundy  
 PO Box 927

City  
Brentwood

State  
TN

Zip Code  
37024

Purpose of Disbursement  
Contribution

Candidate Name  
Jim Cooper

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 05

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 27687

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 177

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dan 10

Mailing Address 1088 Bishop Street Suite 1009

City  
Honolulu

State  
HI

Zip Code  
96813

Purpose of Disbursement  
Contribution

Candidate Name  
Daniel K. Inouye

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District:

Transaction ID: 27683

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Davis Victory Fund

Mailing Address PO Box 781

City  
Johnson City

State  
TN

Zip Code  
37605

Purpose of Disbursement  
Contribution

Candidate Name  
David Davis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 01

Transaction ID: 27663

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Diana Degette for Congress

Mailing Address PO Box 61337

City  
Denver

State  
CO

Zip Code  
80206

Purpose of Disbursement  
Contribution

Candidate Name  
Diana L. DeGette

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: 27642

Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 170 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Doggett for Us Congress

Mailing Address PO Box 5843

City  
AustinState  
TXZip Code  
78763Purpose of Disbursement  
ContributionCandidate Name  
Lloyd Doggett011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 27670

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends for Harry Reid

Mailing Address PO Box 19163

City  
Las VegasState  
NVZip Code  
89132Purpose of Disbursement  
ContributionCandidate Name  
Harry M. Reid011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District:

Transaction ID: 27651

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Blanche Lincoln

Mailing Address PO Box 3197

City  
Little RockState  
ARZip Code  
72203Purpose of Disbursement  
ContributionCandidate Name  
Blanche Lambert Lincoln011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District:

Transaction ID: 27645

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 171 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
ContributionCandidate Name  
Carolyn McCarthy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: A8D1AD531F8ADB88638

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

-1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of Dan Maffei

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement  
ContributionCandidate Name  
Daniel Benjamin Maffei011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 27675

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Phil Hare

Mailing Address 224 18th Street  
PO Box 4183

City Rock Island State IL Zip Code 61204

Purpose of Disbursement  
ContributionCandidate Name  
Phil Hare011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: 27664

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Senator Carl Levin

Mailing Address 10 G Street NE, Suite 470

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name  
Carl Levin

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: 27660

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Sherrod Brown

Mailing Address PO Box 76187

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

Candidate Name  
Sherrod Brown

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 27644

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Goode for Congress

Mailing Address 235 South Main Street

City  
Rocky Mount

State  
VA

Zip Code  
24151

Purpose of Disbursement  
Contribution

Candidate Name  
Virgil H. Goode, Jr.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: 27686

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 173 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Kilroy for Congress

Mailing Address PO Box 2582

City  
ColumbusState  
OHZip Code  
43216Purpose of Disbursement  
ContributionCandidate Name  
Mary Jo Kilroy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 27661

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B.**

Full Name (Last, First, Middle Initial)

Kilroy for Congress

Mailing Address PO Box 2582

City  
ColumbusState  
OHZip Code  
43216Purpose of Disbursement  
ContributionCandidate Name  
Mary Jo Kilroy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 27676

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

Amount of Each Disbursement this Period

2000.00									
---------	--	--	--	--	--	--	--	--	--

**C.**

Full Name (Last, First, Middle Initial)

Kosmas for Congress

Mailing Address PO Box 1547

City  
New Smyrna BeachState  
FLZip Code  
32170Purpose of Disbursement  
ContributionCandidate Name  
Suzanne M. Kosmas011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 27677

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

Amount of Each Disbursement this Period

2000.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Linda Stender for Congress	<b>Transaction ID:</b> 27649 <b>Date of Disbursement</b>																				
Mailing Address PO Box 730	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	0	8												
City Scotch Plains State NJ Zip Code 07076	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Linda Stender	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Linda Stender for Congress	<b>Transaction ID:</b> 27669 <b>Date of Disbursement</b>																				
Mailing Address PO Box 730	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	7		2	0	0	8												
City Scotch Plains State NJ Zip Code 07076	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Linda Stender	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Matsui for Congress	<b>Transaction ID:</b> 27640 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1738	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	7		2	0	0	8												
City Sacramento State CA Zip Code 95812	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Doris O. Matsui	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 175 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Mike McMahon for Congress

Mailing Address 66 Arnold Street

City  
Staten IslandState  
NYZip Code  
10301Purpose of Disbursement  
ContributionCandidate Name  
Michael E. McMahon011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 27693

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Pastor for Arizona

Mailing Address PO Box 1978

City  
PhoenixState  
AZZip Code  
85001Purpose of Disbursement  
ContributionCandidate Name  
Ed Pastor011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 04

Transaction ID: 27690

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Rangel Victory Fund

Mailing Address 818 Connecticut Avenue NW Ste 1100

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
ContributionCandidate Name  
Rangel Victory Fund011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: 27666

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

13500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Rehberg for Congress	<b>Transaction ID:</b> 27650 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1597	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	0	8												
City Helena State MT Zip Code 59624	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Dennis Rehberg	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Salazar for Senate	<b>Transaction ID:</b> 27646 <b>Date of Disbursement</b>																				
Mailing Address PO Box 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	0	8												
City Denver State CO Zip Code 80201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Ken Salazar	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Sestak for Congress	<b>Transaction ID:</b> 27689 <b>Date of Disbursement</b>																				
Mailing Address PO Box 16	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	8												
City Media State PA Zip Code 19063	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Joseph A. Sestak, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 177 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Solidarity Pac

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Solidarity Pac

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 27691

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Wolverine Pac

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Wolverine Pac

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 27658

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

60500.00