

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Community Pharmacists Association - PAC

ADDRESS (number and street) 100 Daingerfield Road Alexandria VA 22314-2885

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 11 / 01 / 2017 through 11 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. LaViolette, Karry, , Ms., Type or Print Name of Treasurer

Signature of Treasurer LaViolette, Karry, , Ms., [Electronically Filed] Date 02 / 09 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		142210.70
(b) Cash on Hand at Beginning of Reporting Period.....	159931.05	
(c) Total Receipts (from Line 19)	40713.16	452694.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	200644.21	594904.71
7. Total Disbursements (from Line 31).....	20202.30	414462.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	180441.91	180441.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: / / To: / /

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).....	34078.16	367677.01
(ii) Unitemized	6635.00	75017.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	40713.16	442694.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40713.16	452694.01
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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)).....▶	40713.16	452694.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40713.16	452694.01

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1202.30	11062.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1202.30	11062.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	402000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	150.00
(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	150.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	20202.30	414462.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20202.30	414462.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	40713.16	452694.01
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40713.16	452544.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1202.30	11062.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1202.30	11062.80

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amending to reflect clerical error for Line 11 (a) (ii) Column B

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 93
<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. Ackman, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1012 N Main St
 City Sikeston State MO Zip Code 63801-5044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Randys Pba Rx Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : 2017121215354-1
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Adams, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Salisbury Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-2
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Adams, Julian, Ray, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Adams Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-3
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	615.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 93
(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. Alami, Selma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 E State Highway 152
 City Mustang State OK Zip Code 73064-4406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mustang Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-4
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Albert, Stephen, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 15 / 2017
Transaction ID : 2017121215354-6
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Albert, Stephen, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 30 / 2017
Transaction ID : 2017121215354-5
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Altobelli, Andrew, J., ,

Mailing Address 335 W King St

City East Berlin	State PA	Zip Code 17316-9730
---------------------	-------------	------------------------

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

Name of Employer (for Individual) East Berlin Pharmacy Inc.	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-8

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alvarado, Christopher, H., ,

Mailing Address 11835 Violet Cv

City San Antonio	State TX	Zip Code 78253-6283
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Oakdell Pharmacy	Occupation (for Individual) Pharmacist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-9

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anthony, Calvin, J., ,

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 (for Individual) Tiger Drug Company	Occupation (for Individual) Owner/Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-10

Amount of Each Receipt this Period
100.00

Memo Item

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: (check only one)	PAGE 10 OF 93
<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. Arthur, Bradley, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Black Rock Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3136.60

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-12
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Avant, Donna, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 309
 City Ehrhardt State SC Zip Code 29081-0309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ehrhardt Pharmacy Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-13
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Baker, Timothy, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 Narragansett Ave
 City Jamestown State RI Zip Code 02835-1138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bakers Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-14
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 93
	<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. Baloh, Amy, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 Route 51, Suite 602
 City Belle Vernon State PA Zip Code 15012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hometown Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-15
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Barnes, Charles, W., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 S Patterson St
 City Valdosta State GA Zip Code 31601-5621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barnes Hlth Care Services Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-16
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bazemore, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 546 / 10 N Poplar St
 City Butler State GA Zip Code 31006-0546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Smiths Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-17
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 93
<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. Belcher, Michele, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 414 SW 6th St
 GRANTS PASS PHARMACY
 City Grants Pass State OR Zip Code 97526-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grants Pass Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-20
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Bellesine, Michael, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 N Vine St
 City El Dorado State KS Zip Code 67042-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Dorado Truecare Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-21
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Berry, Byron, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Pharmacy Plus, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-22
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 13 OF 93
<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. Berry, Robert, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Kenton Station Dr
 City Maysville State KY Zip Code 41056-9658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason Family Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-23
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Berryman, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S West St
 City Alexandria State VA Zip Code 22314-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Executive Vice President, Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1660.00

Date of Receipt 11 / 15 / 2017
Transaction ID : 2017121215354-24
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Berryman, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S West St
 City Alexandria State VA Zip Code 22314-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Executive Vice President, Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1660.00

Date of Receipt 11 / 30 / 2017
Transaction ID : 2017121215354-25
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 93
<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. Bhakta, Nilesh, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23811 Hawthorne Blvd
 City Torrance State CA Zip Code 90505-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Remedy Pharm Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-26
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Blackburn, John Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Business Park Cir
 City Stoughton State WI Zip Code 53589-3392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compliant Pharmacy Alliance Cooperativ Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-28
 Amount of Each Receipt this Period 416.66
 Memo Item

C. Blaire, Michael, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diamondback Drugs Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-29
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.66
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: (check only one)	PAGE 15 OF 93
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Blansett, Ralph, A., ,		Date of Receipt
Mailing Address 2006 S Pine St Ste F		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Cabot	State AR	Zip Code 72023-8179
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2017121215354-30
Name of Employer (for Individual) Cabot Pharmacy, Inc.		Amount of Each Receipt this Period <input type="text" value="90.00"/>
Occupation (for Individual) Owner/Manager		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="810.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bloodworth, Bill, , ,		Date of Receipt
Mailing Address 904 Autumn Rd		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2017"/>
City Little Rock	State AR	Zip Code 72211-3702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2017121215354-31
Name of Employer (for Individual) Park West Pharmacy		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Owner/Manager		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Boff, John, A., ,		Date of Receipt
Mailing Address 760 Merrimon Ave		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City Asheville	State NC	Zip Code 28804-2456
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2017121215354-32
Name of Employer (for Individual) Smoky Mountain Apothecaries Inc. #2		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Owner/Manager		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1140.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 93
<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. Boone, Richard, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Little Drug Company Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-34
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Bovy, Brent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Main St
 City Reinbeck State IA Zip Code 50669-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reinbeck Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-36
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Boyajian, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Gardner Healthmart Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-37
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 17 OF 93
<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. Brennan, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 24389
 50 Jet View Dr /
 City Rochester State NY Zip Code 14624-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester Drug Cooperative, Inc. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-38
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. Brian, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 Florida Ave SE
 Ste A
 City Denham Springs State LA Zip Code 70726-3728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) James Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-39
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Brodsky, Mel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 Michener St
 Ste 10
 City Philadelphia State PA Zip Code 19115-4374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Philadelphia Association of Retail Dru Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-40
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 93
	<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. Budde, Anthony, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Memorial Ct
 City Highland State IL Zip Code 62249-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-41
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Callahan, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Broadway St Ste A
 City Elsberry State MO Zip Code 63343-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Elsberry Pharmacy, Medicine Shoppe 202 Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-43
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Cantu, Nario, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 S Closner Blvd
 City Edinburg State TX Zip Code 78539-4660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Cantu's Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 11 / 13 / 2017
Transaction ID : 2017121215354-45
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	515.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Caswell, Brian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Military Ave
 City Baxter Springs State KS Zip Code 66713-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolkar Drug Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.15

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-49
 Amount of Each Receipt this Period
 416.65
 Memo Item

B. Catalano, Charles, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Ardmore Ave
 City Melville State NY Zip Code 11747-4313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C+ S Pharmacy Consultants Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-50
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Chancy, Hugh, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Chancy Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4583.15

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-51
 Amount of Each Receipt this Period
 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	883.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 93
<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. Chu, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Main St

City North Little Rock	State AR	Zip Code 72114-5326
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Argenta Drug Company	Occupation (for Individual) Owner/Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-52

Amount of Each Receipt this Period
100.00

Memo Item

B. Church, Ellen, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7036 Misty Meadow Dr S

City Fort Worth	State TX	Zip Code 76133-7137
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OmniCare of Fort Worth	Occupation (for Individual) Pharmacist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2017

Transaction ID : 2017121215354-53

Amount of Each Receipt this Period
500.00

Memo Item

C. Cippel, David, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 151

City Ford City	State PA	Zip Code 16226-0151
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Klingensmith's Drug Store	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-55

Amount of Each Receipt this Period
50.00

Memo Item

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: (check only one)	PAGE 22 OF 93
	<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. Claywell, J Leon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 W Stephen Foster Ave
 City Bardstown State KY Zip Code 40004-1478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Medica Pharmacy and Wellness Center Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 11 / 13 / 2017
Transaction ID : 2017121215354-57
 Amount of Each Receipt this Period
 1200.00
 Memo Item

B. Cleveland, Johnny, Hoyt, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 52
 City Locust Fork State AL Zip Code 35097-0052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Locust Fork Pharmacy Llc Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-58
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Cobb, William, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Skyline Dr Ste B
 City Russellville State AR Zip Code 72801-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Cobbs Westside Pharmacy Inc. Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-59
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 93
	<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. Coble, Van, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 E 14th Ave
 City Winfield State KS Zip Code 67156-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3C Health Concepts, LLC Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-60
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cohen, Alan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 Broadway
 City Monticello State NY Zip Code 12701-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Family Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-62
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Coomes, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 S Highway 377
 City Aubrey State TX Zip Code 76227-5534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aubrey Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-65
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 24 OF 93
	<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. Cory, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E Main St
 City Fall River State MA Zip Code 02724-3232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Standard Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 22 / 2017
Transaction ID : 2017121215354-66
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cottrell, Charles, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 Belleville Ave Ste A
 City Brewton State AL Zip Code 36426-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4583.15

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-67
 Amount of Each Receipt this Period 416.65
 Memo Item

C. Courtney, Diana, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-68
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	566.65
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: (check only one)	PAGE 25 OF 93
	<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. Covello, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 Main St
 City Trenton State NJ Zip Code 08648-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Pharmacy Cooperative Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-69
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cox, Lee Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 NW Sheridan Rd
 City Lawton State OK Zip Code 73505-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawton Heritage Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-70
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Daley, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1014 N Fielder Rd
 City Arlington State TX Zip Code 76012-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Randol Mill Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2017
Transaction ID : 2017121215354-74
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 93
	<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. DiCello, Carmen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Towne Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-81
 Amount of Each Receipt this Period 50.00
 Memo Item

B. DiMaggio, John, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5208 Veterans Memorial Blvd
 City Metairie State LA Zip Code 70006-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patio Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-82
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dixon, Al, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1060
 City Richmond Hill State GA Zip Code 31324-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richmond Hill Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-83
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 28 OF 93
	<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. Dunlap, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Albright Rd
 City Rock Hill State SC Zip Code 29730-6576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South End Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-84
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Emmans, Al, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Rochester Drug Cooperative, Inc. Occupation (for Individual) Director of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-86
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Epley, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Jones Health Mart Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-88
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 29 OF 93
	<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. Ettore, James, , , II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1005

City Rustburg	State VA	Zip Code 24588-1005
------------------	-------------	------------------------

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

Name of Employer (for Individual) Rustburg Family Pharmacy	Occupation (for Individual) Owner/Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2017

Transaction ID : 2017121215354-89

Amount of Each Receipt this Period
100.00

Memo Item

B. Farrell, Michelle, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1028 Wisconsin Ave

City Boscobel	State WI	Zip Code 53805-1532
------------------	-------------	------------------------

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

Name of Employer (for Individual) Boscobel Pharmacy	Occupation (for Individual) Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2017

Transaction ID : 2017121215354-90

Amount of Each Receipt this Period
50.00

Memo Item

C. Feely, Barry, W., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Medicine Man Prairie Pharmacy	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2017

Transaction ID : 2017121215354-91

Amount of Each Receipt this Period
100.00

Memo Item

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: (check only one)	PAGE 30 OF 93
	<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. Fernandez, Rogelio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 20 29th St
 City Long Island City State NY Zip Code 11101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Agustin Pharmacy Inc. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-92
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Fitzgerald, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 N Main St
 City Richfield State UT Zip Code 84701-1864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lenny's Richfield Family Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-95
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Frankil, Robert, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Miner Cir
 City Collegeville State PA Zip Code 19426-2437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sellersville Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-97
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 32 OF 93
	<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. Garvin, Cheryl, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Catocotin Cir SE
 Ste C
 City Leesburg State VA Zip Code 20175-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Compounding Center Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-101
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Gayam, Hemagiri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 Morris Ave
 City Bronx State NY Zip Code 10456-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J & N Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-103
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Gellis, Russell, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 BRdway At 78th St
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Apthorp Pharmacy Occupation (for Individual) 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 Y
 11 / 21 / 2017
Transaction ID : 2017121215354-104
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 33 OF 93
	<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. George, David, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 Bradford Pl
 City Blanchard State OK Zip Code 73010-8216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Care Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-105
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Giroux, Stephen, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Middleport Family Health Center Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-107
 Amount of Each Receipt this Period
 416.65
 Memo Item

C. Glotzbach, Angela, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 S Grant Ave
 City Fowler State IN Zip Code 47944-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glotzbach Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : 2017121215354-109
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	716.65
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: (check only one)	PAGE 34 OF 93
	<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. Gowen, Blake, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1207 Medical Dr SE
 City Decatur State AL Zip Code 35601-4330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sand Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-111
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Graf, Eric, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1065 Medina Rd Ste 300
 City Medina State OH Zip Code 44256-5374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ritzman Pharmacies, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-112
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Graves, David, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Pine St Ste 100
 City Macon State GA Zip Code 31201-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graves Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-113
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 35 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Greenlee, David, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Grant Ave
 City Vandergrift State PA Zip Code 15690-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ross Grant Avenue Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2017
Transaction ID : 2017121215354-115
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Greenwood, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2104 Kimball Ave
 City Waterloo State IA Zip Code 50702-5037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenwood Drug, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.15

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-116
 Amount of Each Receipt this Period 416.65
 Memo Item

C. Groesbeck, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 E Main St
 City Streator State IL Zip Code 61364-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Streator Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-117
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 36 OF 93
<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. Guijarro, Gabriel, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 W Frank Ave
 City Lufkin State TX Zip Code 75904-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Shoppe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-118
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Haas, LuAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 248
 City Nauvoo State IL Zip Code 62354-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nauvoo Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-119
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Hamby, Gregory, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3610 N Major Dr
 City Beaumont State TX Zip Code 77713-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kings Pharmacy Beaumont Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-120
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 37 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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. Hammes, Julie, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 934 Main St
 City Sabetha State KS Zip Code 66534-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sabetha Healthmart Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-121
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Han, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4150 Regents Park Row Ste 155
 City La Jolla State CA Zip Code 92037-9179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regents Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-123
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Harmison, Joseph, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Harmison Pharmacies, L.C. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-125
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 93
	<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. Harmon, Brad, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 159
 City Oblong State IL Zip Code 62449-0159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harmons Health Mart Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-126
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Harrell, Jeffrey, Shane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1635
 City Long Beach State WA Zip Code 98631-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ilwaco Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2365.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-127
 Amount of Each Receipt this Period 215.00
 Memo Item

C. Haulman, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 4th St
 City Renovo State PA Zip Code 17764-1071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountain View Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-128
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	565.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hauser, Ronna, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-129
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Heckman, H., Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) PAAS National Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4583.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-131
 Amount of Each Receipt this Period
 416.65
 Memo Item

C. Henry, Holly, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City Seattle State WA Zip Code 98115-5918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rxtra Care, Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-132
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	596.65
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: (check only one)	PAGE 40 OF 93
<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. Herring, Henry, H., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 S 16th St
 City Wilmington State NC Zip Code 28401-8016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-133
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hinkle, Bruce, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1090 9th Ave SW
 City Bessemer State AL Zip Code 35022-4530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hinkle Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-135
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hoey, Brian, Doug, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Emerald Dr
 City Alexandria State VA Zip Code 22308-2628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Senior Vice President & Chief Operatin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4583.15

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-136
 Amount of Each Receipt this Period 416.65
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	491.65
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: (check only one)	PAGE 42 OF 93
	<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. Hughes, Walter, M., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 S Broad St
 City Clinton State SC Zip Code 29325-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sadler-Hughes Apothecary Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-140
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Husain, Jabir, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Greenfield Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-142
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Jackson, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1078
 211 Moody St
 City Mason State TX Zip Code 76856-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Script Shoppe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-143
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 44 OF 93
	<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. Johnson, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 W Main St
 City Lebanon State KY Zip Code 40033-1362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pats Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-148
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Johnson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Tick Klock Drugs Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-149
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Judd, Phillip, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11121 N Rodney Parham Rd Ste 42B
 City Little Rock State AR Zip Code 72212-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Drug Store Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-151
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 45 OF 93
	<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. Juergens, Eric, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Madison Avenue Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-152
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Kelly, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 Lacey Rd
 City Forked River State NJ Zip Code 08731-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Medicine To Go Pharmacies President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-154
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Kemp, E., Harold, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S Duval St
 City Claxton State GA Zip Code 30417-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Kemps Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-155
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 46 OF 93
	<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. Kicklighter, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Professional Cir
 Ste B
 City Saint Marys State GA Zip Code 31558-3783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camden Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-156
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Klein, Sherwood, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6133 Route 219 S
 Ste 1004
 City Ellicottville State NY Zip Code 14731-9613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ellicottville Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-157
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Klitzke, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2123 Forsythe Ave
 City Monroe State LA Zip Code 71201-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-158
 Amount of Each Receipt this Period 250.00
 Memo Item

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: (check only one)	PAGE 47 OF 93
	<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. Knott, Scottie, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 988 Napoleon Ave
 City Sunset State LA Zip Code 70584-6100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brinkhaus Thrifty Way Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-159
 Amount of Each Receipt this Period 50.00
 Memo Item

B. La Violette, Karry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-160
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Lassiter, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3252 SE 29th St
 City Del City State OK Zip Code 73115-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lassiter Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-161
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Lavella, Patrick, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 E Warrington Ave
 City Pittsburgh State PA Zip Code 15210-1560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsler Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-162
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Lawson, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 2nd St
 City Talihina State OK Zip Code 74571-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawson Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-163
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Lea, Clarence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6708 Westbury Ct
 City Benbrook State TX Zip Code 76132-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-164
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 49 OF 93
<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. Lea, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6708 Westbury Ct
 City Benbrook State TX Zip Code 76132-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmeriSourceBergen Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-165
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Lebegern, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1091 General Knox Rd
 City Washington Crossin State PA Zip Code 18977-1359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-166
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Lech, Joseph, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Rockledge Ln
 City Tunkhannock State PA Zip Code 18657-6855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lech's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : 2017121215354-167
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 50 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. Leikach, DeAnna, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Redleaf Rose Ct
 City Reisterstown State MD Zip Code 21136-6046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Finksburg Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-168
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Leikach, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 Frederick Rd
 City Baltimore State MD Zip Code 21228-2375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catonsville Pharmacy Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-169
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Leitner, Lyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3306 A St
 City Lincoln State NE Zip Code 68510-4512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-170
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 51 OF 93
<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. Letendre, William, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9901 S Wilcrest Dr
 City Houston State TX Zip Code 77099-5132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP Phcy Mgmt Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-171
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lidderdale, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11114 State Route 800 NE
 City Magnolia State OH Zip Code 44643-8301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley View Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-173
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Logan, Richard, N., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) L And S Discount Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-174
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 52 OF 93
	<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. Longhi, Patsy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Three Springs Dr
 City Weirton State WV Zip Code 26062-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Three Springs Village Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 20 / 2017
Transaction ID : 2017121215354-175
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lueneburg, Bradley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Hassan St SE
 City Hutchinson State MN Zip Code 55350-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Rexall Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-176
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lumpkin, Keith, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9889
 City Newport Beach State CA Zip Code 92658-1889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horton & Converse Pharmacies Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-177
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 53 OF 93
<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. Macioci, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2941 Westchester Ave
 City Bronx State NY Zip Code 10461-4534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pilgrim Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-178
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Mack, Hugh, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 1/2 W 1st St
 City Redfield State SD Zip Code 57469-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Randall Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-179
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mackiewicz, Claire, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Holland State NY Zip Code 14080-9509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holland Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-180
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 93
<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. Marquess, Jonathan, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Allatoona Trace Dr SE
 City Acworth State GA Zip Code 30102-3805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodstock Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-182
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Marsiglia, Phillip, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) South Baltimore Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-183
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Martin, James, L., , Sr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Golf Crest Ln
 City Lakeway State TX Zip Code 78734-4636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin & Martin Pharmacy Consultants, Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-184
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 55 OF 93
<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. Mattson, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Main Ave S
 City Roseau State MN Zip Code 56751-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mattson Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-185
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McAlanis, George, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 Market St
 City Millersburg State PA Zip Code 17061-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Millersburg Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-186
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McAnally, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Bridle Path
 City Austin State TX Zip Code 78703-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2017
Transaction ID : 2017121215354-187
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 56 OF 93
<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. McClimon, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 State St
 City Bellevue State IA Zip Code 52031-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-189
 Amount of Each Receipt this Period 30.00
 Memo Item

B. McConchie, Leigh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Main St
 City Lake Luzerne State NY Zip Code 12846-6716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stone's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-190
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McGlynn, Daniel, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Main St
 City Stoughton State WI Zip Code 53589-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGlynn Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-191
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 57 OF 93
	<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. McIntosh, Larry, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10227 Hartshill Ln
 City Saint Louis State MO Zip Code 63128-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmax Pharmacy #1302 Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-192
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McNabb, Benjamin, Carson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 W Main St
 City Eastland State TX Zip Code 76448-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Love Oak Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-193
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McNeill, Kathy, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 205
 City Reedsville State WV Zip Code 26547-0205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-194
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 58 OF 93
	<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. Meredith, Lonnie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S Avenue E
 City Haskell State TX Zip Code 79521-5711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : 2017121215354-195
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Michael, Emad, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 E Grand Ave Ste 105
 City El Segundo State CA Zip Code 90245-3871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Antony Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-196
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Milano, Kerry, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 W Esplanade Ave S
 City Metairie State LA Zip Code 70002-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giuffria Inc. /Chateau Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-197
 Amount of Each Receipt this Period 150.00
 Memo Item

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: (check only one)	PAGE 59 OF 93
	<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. Miller, Bethany, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W Broadway
 City Red Lion State PA Zip Code 17356-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lion Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-198
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Miller, David, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Cascade Rd SE Ste 50
 City Grand Rapids State MI Zip Code 49546-2177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2017
Transaction ID : 2017121215354-199
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Miller, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Miller's of Wyckoff, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-200
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 60 OF 93
	<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. Minesinger, Michael, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 N Western Ave
 City Peoria State IL Zip Code 61604-5638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alwan Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-201
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Miskovsky, Joseph, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Main St
 City Forest City State PA Zip Code 18421-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Cross Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-203
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Mohaghegh, Hamid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Grove St Ste 201
 City Worcester State MA Zip Code 01605-2630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Pharmacy Management Co, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-204
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 61 OF 93
	<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. Monroe, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Elm St
 City Jefferson State IA Zip Code 50129-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicap Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-206
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Moon, Richard, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2535 Johns Pl
 City Jamestown State NY Zip Code 14701-9210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Innovations Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-207
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Moore, Clay, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Medic Pharmacy Hefner Pointe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-209
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 62 OF 93
	<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. Moore, Steven, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Condo Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-210
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Moore, William, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Moores Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-211
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Morelli, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 883 9th Ave
 City New York State NY Zip Code 10019-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arrow Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-212
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 63 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Mullins, DeAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mullins Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-213
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Musil, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23620 N 20th Dr Ste 12
 City Phoenix State AZ Zip Code 85085-0621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Apothecary Shops Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-214
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Mylet, Sonya, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 S Mountain Blvd
 City Mountain Top State PA Zip Code 18707-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-215
 Amount of Each Receipt this Period
 50.00
 Memo Item

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: (check only one)	PAGE 64 OF 93
	<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. Nairn, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 E Main St
 City Carnegie State PA Zip Code 15106-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AcoRx Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-216
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Nelson, Erik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 W 6th Ave
 City Spokane State WA Zip Code 99204-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Sixth Avenue Medical Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-217
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Norberg, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1306
 City Southwest Harbor State ME Zip Code 04679-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Carroll Drug Store Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-218
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 65 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Notaro, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Union Medical Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-219
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. O'Hare, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Central Ave
 City Canonsburg State PA Zip Code 15317-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jeffreys Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-220
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Osborn, Bill, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 W Central Ave
 City Miami State OK Zip Code 74354-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Osborn Drugs, Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4583.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-221
 Amount of Each Receipt this Period
 416.65
 Memo Item

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: (check only one)	PAGE 66 OF 93
	<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. Paganelli, Roger, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 E 187th St
 City Bronx State NY Zip Code 10458-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt. Carmel Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-223
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pagnotta, Paul, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 Delaware Ave
 City Delmar State NY Zip Code 12054-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Four Corners Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-224
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Palazzolo, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 Ken Pratt Blvd
 City Longmont State CO Zip Code 80501-6419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flatirons Family Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-225
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 93
	<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. Parrish, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 178 S Main St
 City Arab State AL Zip Code 35016-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Latham Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-226
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Patel, Indravadan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Bi Rite Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-227
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Patterson, Laura, Christine, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1376 County Road 180
 City Hale Center State TX Zip Code 79041-3630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hale Center Clinical Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 11 / 13 / 2017
Transaction ID : 2017121215354-229
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	565.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 93
	<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. Pogany, Peter, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Rapps Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-232
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Price, Dared, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Main St
 City Winfield State KS Zip Code 67156-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graves Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-234
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Primmer, Patricia, Louise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 808
 124 N Crosby
 City Tekoa State WA Zip Code 99033-0808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tekoa Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-235
 Amount of Each Receipt this Period
 50.00
 Memo Item

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: (check only one)	PAGE 69 OF 93
	<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. Prince, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 E Stadium

City Magnolia	State AR	Zip Code 71753-2032
------------------	-------------	------------------------

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

Name of Employer (for Individual) Prince Pharmacy	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-236

Amount of Each Receipt this Period
100.00

Memo Item

B. Pryor, Steve, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 127 E Randolph Ave

City Enid	State OK	Zip Code 73701-4103
--------------	-------------	------------------------

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

Name of Employer (for Individual) Scheffe Prescription Shop	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-237

Amount of Each Receipt this Period
100.00

Memo Item

C. Pusey, Eric, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 518 Burke Byp

City Olyphant	State PA	Zip Code 18447-1805
------------------	-------------	------------------------

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

Name of Employer (for Individual) Medicap	Occupation (for Individual) Owner/Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : 2017121215354-238

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Quinlan, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 N Main St
 Ste B
 City Wayland State NY Zip Code 14572-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quinlans Ltc Pharmacy And Quinlans Pha Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-239
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Rabinowitz, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 Beach 116th St
 City Rockaway Park State NY Zip Code 11694-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockaway Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-240
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Raduazzo, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Northern Blvd
 City Greenvale State NY Zip Code 11548-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenvale Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-241
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Rayl, Scott, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Harbor Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-242
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Rich, Nicholas, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11240 Stillwater Blvd N
 City Lake Elmo State MN Zip Code 55042-9321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Elmo Pharmacy Occupation (for Individual) PIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-247
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Richards, Fleet, W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 932 N Main St
 City Chase City State VA Zip Code 23924-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F W Richards Jr Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-248
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 72 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Riddle, Kristen, Leianne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Museum Rd
 Ste 6
 City Conway State AR Zip Code 72032-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Home Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-250
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Rigg, Eric, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 W Main St
 City Albion State IL Zip Code 62806-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rigg Family Care Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-251
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Riley, Mark, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19300 Riley Rd
 City Little Rock State AR Zip Code 72206-9485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-252
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 73 OF 93
<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. Robinson, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 637
 City Oakland State IA Zip Code 51560-0637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakland Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2017
Transaction ID : 2017121215354-253
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sandlin, Fred, C., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Country Estates Dr
 City Hamilton State AL Zip Code 35570-4843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fred's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-257
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Savley, Melody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO B0x 397
 City Nixa State MO Zip Code 65714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alps Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-258
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 74 OF 93
	<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. Schipper, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4815 Vernon Blvd
 City Long Island City State NY Zip Code 11101-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Vernon Blvd. Pharmacy, Inc. Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-260
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Schweers, Kevin, Test, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 National Community Pharmacists Associa VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-261
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Scott, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 211
 4057 St Hwy 3/
 City Star Lake State NY Zip Code 13690-0211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Adirondack Pharmacy Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-262
 Amount of Each Receipt this Period
 50.00
 Memo Item

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: (check only one)	PAGE 76 OF 93
	<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. Shoffner, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Unity Rd
 City Crossett State AR Zip Code 71635-9444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gammel's Clinic Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-267
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Short, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 835
 2515 Business Dr
 City Cumming State GA Zip Code 30028-0835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sawnee Drug Co Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-268
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Showalter, Nelson, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 96
 City Broadway State VA Zip Code 22815-0096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broadway Drug Store, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-269
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 77 OF 93
	<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. Simons, Troy, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 89
 City Perry State OK Zip Code 73077-0089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Foster Corner Drug Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-271
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Skenderian, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 Cambridge St
 City Cambridge State MA Zip Code 02138-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Skenderian Apothecary Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 13 / 2017
Transaction ID : 2017121215354-274
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Smith, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Erica Dr
 City Indiana State PA Zip Code 15701-8940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-275
 Amount of Each Receipt this Period
 200.00
 Memo Item

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: (check only one)	PAGE 78 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Smith, Randall, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Palace Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-276
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Smith Cooney, Stephanie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 105
 City Danville State PA Zip Code 17821-0105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gatti Pharmacy Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-277
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Spence, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 E Mulberry St
 City Angleton State TX Zip Code 77515-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Shoppe Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-278
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 79 OF 93
<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. Spoon, James, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 N Old North PI
 City Sand Springs State OK Zip Code 74063-8985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spoon Drug / T.R.B. Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-279
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Stevens, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 746
 City Canyonville State OR Zip Code 97417-0746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gordons Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-282
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Stuart, Michael, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18565 Business 13
 City Branson West State MO Zip Code 65737-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeland Pharmacy Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 11 / 21 / 2017
Transaction ID : 2017121215354-284
 Amount of Each Receipt this Period 150.00
 Memo Item

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: (check only one)	PAGE 80 OF 93
	<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. Thomas, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 327 Main St
 City Meyersdale State PA Zip Code 15552-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F B Thomas Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-285
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Todd, Virgil, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 General Pershing Blvd
 City Oklahoma City State OK Zip Code 73107-6437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthCare Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-288
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Toomajian, James, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Watervliet Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-289
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 81 OF 93
	<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. Turner, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 W Commercial St
 City Inola State OK Zip Code 74036-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inola Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-290
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Umfleet, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 N Cowling St Ste G
 City Desloge State MO Zip Code 63601-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkland Health Mart Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-291
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Vasoya, Chhagan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Express Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-292
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 82 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Vaughan, Carey, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 Commerce Dr
 Ste 110
 City Greensboro State GA Zip Code 30642-7444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Country Pharmacy & Compounding Ce Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-293
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Veeramachanani, Rathna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Saint Nicholas Ave
 City Brooklyn State NY Zip Code 11237-4043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-294
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Vena, Victor, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Vic Vena Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-295
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 83 OF 93
	<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. Vickers, Evan, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Bullocks Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-296
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Vinson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 934 Adams Ave
 City Montgomery State AL Zip Code 36104-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adams Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-297
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Vorac, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 S State St
 City Geneseo State IL Zip Code 61254-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vorac Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-298
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 84 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Wallace, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 70
 City Winchester State TN Zip Code 37398-0070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bennetts Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : 2017121215354-299
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Watts, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Rons Apothecary Shoppe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-300
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Wear, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 305
 City Carthage State IL Zip Code 62321-0305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wear Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017
Transaction ID : 2017121215354-301
 Amount of Each Receipt this Period
 50.00
 Memo Item

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: (check only one)	PAGE 85 OF 93
	<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. Weiner, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8920 W State Road 84
 City Davie State FL Zip Code 33324-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neighborhood Drug Of Davie Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 21 / 2017**
Transaction ID : 2017121215354-302
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wells, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Main St
 City Neodesha State KS Zip Code 66757-1739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Porter Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 13 / 2017**
Transaction ID : 2017121215354-303
 Amount of Each Receipt this Period 500.00
 Memo Item

C. White, Dirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Halibut Point Rd
 City Sitka State AK Zip Code 99835-7354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whites Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt **11 / 21 / 2017**
Transaction ID : 2017121215354-304
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 93
	<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. Wientjes, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2695 Flying Ebony Dr
 City Lexington State KY Zip Code 40509-4483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Total Care Pharmacy #6 Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-305
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wilson, Justin, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 S Douglas Blvd Ste A
 City Midwest City State OK Zip Code 73130-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valu-Med Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-306
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Wilson, Lonny, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 16430
 City Oklahoma City State OK Zip Code 73113-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Providers of Oklahoma, Inc. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-307
 Amount of Each Receipt this Period 200.00
 Memo Item

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: (check only one)	PAGE 87 OF 93
<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. Wingo, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Parade St NW
 Ste 100
 City Huntsville State AL Zip Code 35806-4848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-308
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wood, James, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3868 Highway 431
 City Roanoke State AL Zip Code 36274-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emerging Home Care Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-309
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Woodul, Chris, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Snowcap Dr
 City Ruidoso State NM Zip Code 88345-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-311
 Amount of Each Receipt this Period 250.00
 Memo Item

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 88 OF 93
(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. Yu, Rong Tian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 37 41st Ave
 City Long Island City State NY Zip Code 11101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Queensbridge Plaza Pharmacy Corp Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-313
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Zint, Eric, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 Jefferson St
 City Greenfield State OH Zip Code 45123-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corner Pharmacy LLC Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2017
Transaction ID : 2017121215354-314
 Amount of Each Receipt this Period 50.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	34078.16

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Bankcard

Mailing Address 28720 Roadside Dr
#229

City Agoura Hills State CA Zip Code 91301

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2017

FEC Identification Number

C []

Transaction ID : VFB3C5E5A7

Amount of Each Disbursement this Period

[] 1076.58

Memo Item

Full Name (Last, First, Middle Initial)

B. Fifth Third

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2017

FEC Identification Number

C []

Transaction ID : VEE6FEAD9A

Amount of Each Disbursement this Period

[] 125.72

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 1202.30

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

[] 1202.30

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For US Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898-0505

Purpose of Disbursement
Uncashed March 21, 2017 contribution

011

Category/
Type

Candidate Name
Cassidy, William, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00543983

Transaction ID : 5439D3EA32I

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Comstock For Congress

Mailing Address PO Box 831

City
Mc Lean

State
VA

Zip Code
22101-0831

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name
Comstock, Barbara, Jean, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: VA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2017			

FEC Identification Number

C C00554261

Transaction ID : 77E62FDA4AI

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 192 Lexington Ave.
Suite 1001

City
New York

State
NY

Zip Code
10016

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name
IMPACT

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2017			

FEC Identification Number

C C00348607

Transaction ID : 1928EDE375

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. I-PAC

Mailing Address 1304 Quincy Street

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name

I-PAC

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00455840

Transaction ID : 7328CDC9B7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Duncan, Jeffrey, D., ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: SC District: 03

Date of Disbursement

/ /

FEC Identification Number

C C00460550

Transaction ID : 63053E6A63C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Roberts For Congress

Mailing Address 6810 Cypress Creek Pkwy

City Houston State TX Zip Code 77069

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Roberts, Kevin, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00660118

Transaction ID : 2332C67CC9

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Marsha For Senate

Mailing Address 4916 Thoroughbred Ln

City Brentwood State TN Zip Code 37027

Purpose of Disbursement 2018 Primary

011

Candidate Name

Blackburn, Marsha, Wedgeworth, ,

Category/Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00376939

Transaction ID : 9A9338F9E11

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement 2018 Primary

011

Candidate Name

Matsui, Doris, O., ,

Category/Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2017

FEC Identification Number

C C00409219

Transaction ID : 8AFBDCA8C3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement 2018 Primary

011

Candidate Name

Mullin, Markwayne, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2017

FEC Identification Number

C C00498345

Transaction ID : 71FA04C3AE

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)

A. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West Chester

State
PA

Zip Code
19381-3154

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Costello, Ryan, A., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	7

FEC Identification Number

C C00554899

Transaction ID : 3A200481E83

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scott For Congress

Mailing Address 553 Old Chattanooga Valley Rd

City
Flintstone

State
GA

Zip Code
30725-2600

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Scott, James, Austin, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: GA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	7

FEC Identification Number

C C00450718

Transaction ID : 9812483B108

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

19000.00