

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER 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 Report, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G). (d) 30-Day Post-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 09 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. Charles B. Sewell Signature of Treasurer Electronically Filed by Mr. Charles B. Sewell Date 10 20 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		445542.95
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	640178.86									
(c) Total Receipts (from Line 19)	38606.40	411936.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	678785.26	857479.70								
7. Total Disbursements (from Line 31)	48495.23	227189.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	630290.03	630290.03								
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)	32346.00	307916.00
(ii) Unitemized	4660.00	97618.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37006.00	405534.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37006.00	405534.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1600.40	6402.75
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	38606.40	411936.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38606.40	411936.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2495.23	13189.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2495.23	13189.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	214000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48495.23	227189.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48495.23	227189.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37006.00	405534.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37006.00	405534.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2495.23	13189.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2495.23	13189.67

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

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

FOR LINE NUMBER: PAGE 6 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Greg Adams

Mailing Address 13 Tiptan Place

City State Zip Code
Clinton OK 73601

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

Name of Employer Occupation
Salisbury Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21597

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Julian Adams, Jr.

Mailing Address 922 Ohio Avenue

City State Zip Code
Lynn Haven FL 32444

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

Name of Employer Occupation
Adams Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21488

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Ms Aimee Aday

Mailing Address 2300 Katie Street

City State Zip Code
Muscle Shoals AL 35661

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

Name of Employer Occupation
Crossroads Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21489

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Carl Allison

Mailing Address 780 SE Baya Drive

City State Zip Code
Lake City FL 32055

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baya Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21598
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen Amato

Mailing Address 938 Patricia Avenue

City State Zip Code
Dunedin FL 34698

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Medicine Shoppe Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21599
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Ralph Anderson

Mailing Address Box 966

City State Zip Code
Bedford IN 47421

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Crowder's Drug Store Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21600
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 8 / 127
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Calvin Anthony

Mailing Address 4075 S. Hunters Circle

City State Zip Code
Stillwater OK 74074

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

Name of Employer Occupation
Tiger Drug Company Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21601

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. David Arnold

Mailing Address 8989 Morris Road

City State Zip Code
Sabina OH 45169-9501

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

Name of Employer Occupation
Stewarts Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21491

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Bradley Arthur

Mailing Address 358 Somerville Avenue

City State Zip Code
Tonawanda NY 14150

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

Name of Employer Occupation
Black Rock Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21602

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Donald Arthur

Mailing Address 935 Brighton

City State Zip Code
Tunawanda NY 14150

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

Name of Employer Occupation
Brighton Eggert Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21603

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin Atkins

Mailing Address 701 Third Street

City State Zip Code
Marble Falls TX 78654

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

Name of Employer Occupation
Atkins Pharmacy Services Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21604

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Tommy Atkinson

Mailing Address 139 Main Street

City State Zip Code
Chesterfield SC 29709

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

Name of Employer Occupation
Chesterfield Drug Co., Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21605

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Gary Avent

Mailing Address 14124 Foothill Blvd

City State Zip Code
Sylmar CA 91342

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

Name of Employer Occupation
Sayre Medical Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21606

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Noam Avidar

Mailing Address 3103 3rd Avenue

City State Zip Code
Bronx NY 10451

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

Name of Employer Occupation
158th St Neighborhood Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21492

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Gerald Bailey

Mailing Address 2007 Camp Jackson Road

City State Zip Code
Cahokia IL 62206

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

Name of Employer Occupation
Fisher Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21607

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Larry Bailey

Mailing Address 64 Broad Street

City Johnson City State NY Zip Code 13790

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

Name of Employer The Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21493

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Steve Balas

Mailing Address 702 S McCarty

City Eagle Lake State TX Zip Code 77434

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

Name of Employer Eagle Lake Drugstore Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21608

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Charles Barger

Mailing Address 60 NE 1st Street

City Pompano Beach State FL Zip Code 33060

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

Name of Employer Pompano Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21609

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Delane Bassett

Mailing Address 419 E. Davis Street

City State Zip Code
Luling TX 78648

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

Name of Employer Occupation
Luling Discount Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21610

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 745 Ross Lane

City State Zip Code
Bound Brook NJ 08805

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

Name of Employer Occupation
Buy-Sell Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21474

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Beck

Mailing Address 11322 Sir Winston Stuite B

City State Zip Code
San Antonio TX 78216

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

Name of Employer Occupation
American Pharmacies VP Pharmacy Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21494

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

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

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FOR LINE NUMBER: PAGE 13 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Regina Benjamin
 Mailing Address 13112 Cross Keys Court
 City State Zip Code
 Fairfax VA 22033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NCPA Director-Govt. Affairs
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 225.00
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2007
Transaction ID: SA11AI.21475
 Amount of Each Receipt this Period
 25.00

B. Full Name (Last, First, Middle Initial)
Mr. Byron Berry, Jr.
 Mailing Address 508 W. North Main
 City State Zip Code
 Carrollton IL 62016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pharmacy Plus Pharmacist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 750.00
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2007
Transaction ID: SA11AI.21611
 Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Nilsesh Bhakta
 Mailing Address 4201 Torrance Blvd., Ste120
 City State Zip Code
 Torrance CA 90503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Centre Pharmacy Pharmacist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 459.00
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2007
Transaction ID: SA11AI.21592
 Amount of Each Receipt this Period
 51.00

SUBTOTAL of Receipts This Page (optional) ► **176.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Timothy Bishop

Mailing Address 8180 Alabama Hwy. 69

City State Zip Code
Guntersville AL 35976

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

Name of Employer Occupation
Bishop's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21792

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mrs. Bonnie Bobbs-DiCello

Mailing Address 1822 West Market Street

City State Zip Code
Pottsville PA 17901

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

Name of Employer Occupation
Yorkville Drug Store, Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21613

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ms Betty Jean Bocchino-O'Shea

Mailing Address 294 Lee Highway

City State Zip Code
Verona VA 22482

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

Name of Employer Occupation
Verona Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21497

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. John Boff

Mailing Address 760 Merrimon Ave

City State Zip Code
Ashville NC 28804

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

Name of Employer Occupation
Medicine Shoppe Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21498

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Steve Bonaccori

Mailing Address 39 South Broadway

City State Zip Code
Pittman NJ 08071

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

Name of Employer Occupation
Pittman Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21499

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Frederick Bonchosky

Mailing Address 1238 National Pike
PO Box 90

City State Zip Code
Hopwood PA 15445

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

Name of Employer Occupation
Rx Plus Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21614

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Richard Boone

Mailing Address 116 S Main Street

City Linden State AL Zip Code 36748

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

Name of Employer Little Drug Company Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21500
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Mr. Brian Bottemiller

Mailing Address P.O. Box 67

City Willow Creek State CA Zip Code 95573

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

Name of Employer Willow Creek Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21615
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert Bowles

Mailing Address 301 N Center Street

City Thomaston State GA Zip Code 30286

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

Name of Employer Bowles Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21616
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ms Andrea Boyd

Mailing Address 400 W Clay

City State Zip Code
Plattsburg MO 64477

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

Name of Employer Occupation
Plattsburg Clinic Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21501

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Larry Braden

Mailing Address 4797 South Main Street

City State Zip Code
Acworth GA 30101

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

Name of Employer Occupation
Lacey Drug Co Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21618

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen Brandt

Mailing Address 781 Huron Road

City State Zip Code
Franklin Lakes NJ 07417-2209

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

Name of Employer Occupation
GSPO Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21619

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Edward Breeze

Mailing Address 3608 Victoria

City State Zip Code
Mount Vernon IL 62864

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

Name of Employer Occupation
Byrd-Watson Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21620

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Briscoe

Mailing Address 2295 Oak Road

City State Zip Code
Snellville GA 30078

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

Name of Employer Occupation
Snell's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21621

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. George Brookins

Mailing Address 626 Center Drive

City State Zip Code
Lincolnton NC 28092

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

Name of Employer Occupation
The Drug Store Health Mart Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21622

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ms. Sally Brooks-Higginbotham

Mailing Address 5995 Big Tree Rd

City State Zip Code
Lakeville NY 14480

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

Name of Employer Occupation
Livonia-Lakeville Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21623

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. John Brossart

Mailing Address 7174 Pickway Drive

City State Zip Code
Cincinnati OH 45233

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

Name of Employer Occupation
Brossart Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21624

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Anthony Budde, Sr.

Mailing Address 68 N. Bellwood

City State Zip Code
Bethalto IL 62010

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

Name of Employer Occupation
Rinderer's Home Health Care Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21627

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Eddie Burkart

Mailing Address 101 Commercial Street, SE

City State Zip Code
Hanceville AL 35077

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

Name of Employer Occupation
Hanceville Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21846

Amount of Each Receipt this Period
600.00

B.

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

Mailing Address 9 Rebecca Trail

City State Zip Code
Anniston AL 36207

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

Name of Employer Occupation
Golden Springs Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21629

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Donald Cantalino

Mailing Address 546 Uniondale Ave

City State Zip Code
Uniondale NY 11553

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

Name of Employer Occupation
Uniondale Chemists Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21630

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Pattisue Carranza

Mailing Address 25299 A Canal Road, #6

City State Zip Code
Orange Beach AL 36561

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

Name of Employer Occupation
Family Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21631

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Philip Carrico

Mailing Address P.O. Box 638

City State Zip Code
Imerial CA 92251

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

Name of Employer Occupation
Community Health Center Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21632

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. John Carson

Mailing Address 7220 Louis Pasteur

City State Zip Code
San Antonio TX 78229

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

Name of Employer Occupation
Oakdell Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21793

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Frank Cassidy	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 1 Winter Street Plaza, Suite 3	Transaction ID: SA11AI.21634
	City State Zip Code Rochester NH 03867	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Care Pharmacy Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Mr. Barry Christensen	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 3526 Tongass Avenue	Transaction ID: SA11AI.21503
	City State Zip Code Ketchikan AK 99901	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Island Pharmacy Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Cory Cockburn	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 210 N Main Street	Transaction ID: SA11AI.21635
	City State Zip Code Clarion IA 50525	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carroll Clinic Pharmacy Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Jack Coffey

Mailing Address 2803 N Saratoga

City State Zip Code
Shawnee OK 74801

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

Name of Employer Occupation
The Clinic Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21504

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Colvin

Mailing Address 14 Fourth Ave

City State Zip Code
auburn NY 13021

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

Name of Employer Occupation
Massachusetts College of Pharm Prof

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21505

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles Cottrell

Mailing Address 1121 Belleville Ave #A

City State Zip Code
Brewton AL 36426

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

Name of Employer Occupation
Medical Center Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21806

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael Coughlin

Mailing Address 5828 Reeds Road

City Mission State KS Zip Code 66202-2740

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

Name of Employer ScriptPro Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21637
Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 1123 Adams Avenue

City La Grande State OR Zip Code 97850

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

Name of Employer Red Cross United Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21638
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Larry Courtney

Mailing Address 648 Allcutt

City Bonner Springs State KS Zip Code 66012

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

Name of Employer Courtney's Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21639
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr Tommy Dagenhart

Mailing Address 1918 Randolph Rd, Ste 120

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
Nalle Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21506

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Norman Davis

Mailing Address 1623 21st Court

City State Zip Code
Phenix City AL 36867

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

Name of Employer Occupation
Medical Park Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21507

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Ronald G. Davis

Mailing Address 2608 Buford Road

City State Zip Code
Richmond VA 23235

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

Name of Employer Occupation
Buford Road Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21641

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Timothy Davis

Mailing Address 525 5th Ave

City State Zip Code
New Brighton PA 15066

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

Name of Employer Occupation
Brighton Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21508

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. John DeBalko

Mailing Address 322 S. Hancock Street

City State Zip Code
McAdoo PA 18237

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

Name of Employer Occupation
Standard Drug Store Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21642

Amount of Each Receipt this Period
100.00

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

Mailing Address 500 Farmington Avenue

City State Zip Code
Harford CT 06105

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

Name of Employer Occupation
Arrow Perscription Center Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21509

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Amber Dempewolf

Mailing Address 2715 Candlewood Drive

City State Zip Code
Emporia KS 66801

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

Name of Employer Hills Apothecary Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21510

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Carmen DiCello

Mailing Address 1819 Mahantongo Street

City State Zip Code
Pottsville PA 17901-3227

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

Name of Employer PA Pharmacists Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21643

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Edward Dillon

Mailing Address 326 East Capitol Street

City State Zip Code
Washington DC 20003

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

Name of Employer Grubb's Care Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21644

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. John DiMaggio

Mailing Address 5208 Veterans Blvd

City State Zip Code
Metairie LA 70006

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

Name of Employer Occupation
Patio Drugs Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21476

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph DiMatteo

Mailing Address 215 Allegheny Avenue

City State Zip Code
Oakmont PA 15139

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

Name of Employer Occupation
Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21511

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. M. Keith Dodson

Mailing Address 1600 N. Main

City State Zip Code
Altus OK 73521

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

Name of Employer Occupation
Bunder Hill United Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21645

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 175.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark Doyle

Mailing Address 108 Berwick Drive

City Boalsburg State PA Zip Code 16827

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

Name of Employer McLanahan Drug Store Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21487

Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Mr. James Dunaway

Mailing Address 110 3rd Street

City Henderson State KY Zip Code 42420

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

Name of Employer Dunaway's Imperial Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21646

Amount of Each Receipt this Period 100.00

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

Mailing Address P.O. Box 397

City Northfork State WV Zip Code 24868

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

Name of Employer Black Diamond Pharmacy Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21647

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 127

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ms Vicky Echevarria

Mailing Address 400 Palm Avenue

City State Zip Code
Hialeah FL 33010

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

Name of Employer Occupation
Palm Avenue Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21512

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Nuri Echeverria Selles

Mailing Address Muntoz Rivera 106 Sur

City State Zip Code
San Lorenzo PR 00754

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

Name of Employer Occupation
Farmacia San Luis Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21838

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Randy Epley

Mailing Address 208 Avery Ave

City State Zip Code
Morganton NC 28655

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

Name of Employer Occupation
Jones Drug Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21513

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Howard Feder

Mailing Address 1454 Myrtle Ave

City State Zip Code
Brooklyn NY 11237

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

Name of Employer Occupation
V.G.H. Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21515

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Barry Feely

Mailing Address 8093 N Cornerstone Dr.

City State Zip Code
Hayden ID 83835

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

Name of Employer Occupation
Medicine Man Prairie Phcy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21648

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. William Ferri

Mailing Address 330 Wm. Penn Hwy.

City State Zip Code
Delmont PA 15626

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

Name of Employer Occupation
Ferri Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21649

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 127
(check only one)

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

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

A.

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

Mailing Address 100 N Grand Ave

City State Zip Code
Houston MO 65483

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

Name of Employer Occupation
Forbes Pharmacy Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21650

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. F. Gerard Fournet

Mailing Address PO Box 323

City State Zip Code
Franklin LA 70538

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

Name of Employer Occupation
Fournet's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21822

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas Fuller

Mailing Address 223 N.Main Street

City State Zip Code
Marion SC 29571

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

Name of Employer Occupation
Professional Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21516

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. David Fulton, Jr.
Mailing Address 200 Larch Lane
City Middleton State MD Zip Code 21769
FEC ID number of contributing federal political committee. **C**
Name of Employer Whitesell Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21651
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas Funk
Mailing Address 1020 Elmhurst Ave
City Concordia State KS Zip Code 66901
FEC ID number of contributing federal political committee. **C**
Name of Employer Funk Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21652
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Al Gagliardi
Mailing Address P.O. Box 219
City West Grove State PA Zip Code 19390
FEC ID number of contributing federal political committee. **C**
Name of Employer Southern Chester County Pharma Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21517
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 250.00
TOTAL This Period (last page this line number only) ►

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

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FOR LINE NUMBER: PAGE 34 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Gerald Ganse

Mailing Address 355 West King Street

City Lancaster State PA Zip Code 17603

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

Name of Employer Ganse Apothecary Inc Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21653
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Kerry Gerdes

Mailing Address 245 S Main Street

City Conneaut State OH Zip Code 44030

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

Name of Employer Gerdes Pharmacy Inc Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21518
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Ms Stacy Giles

Mailing Address 503 Main Street West

City Rainsville State AL Zip Code 35986

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

Name of Employer Rainsville Drugs Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21519
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 35 / 127
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Mr. Stephen Giroux</p> <p>Mailing Address 81 Telegraph Road</p> <p>City State Zip Code Middleport NY 14105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Middleport Family Health Center</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1600.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 7 / 2 0 0 7</td> </tr> </table> <p>Transaction ID: SA11AI.21807</p> <p>Amount of Each Receipt this Period 200.00</p> </p>	M M / D D / Y Y Y Y	0 9 / 2 7 / 2 0 0 7
M M / D D / Y Y Y Y			
0 9 / 2 7 / 2 0 0 7			

<p>B. Full Name (Last, First, Middle Initial) Mr. Evans R Glasgow</p> <p>Mailing Address 512 North 2nd Street</p> <p>City State Zip Code Amite LA 70422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Thrift-Town Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 7 / 2 0 0 7</td> </tr> </table> <p>Transaction ID: SA11AI.21520</p> <p>Amount of Each Receipt this Period 50.00</p> </p>	M M / D D / Y Y Y Y	0 9 / 2 7 / 2 0 0 7
M M / D D / Y Y Y Y			
0 9 / 2 7 / 2 0 0 7			

<p>C. Full Name (Last, First, Middle Initial) Mr. Gary Glisson</p> <p>Mailing Address PO Box 400</p> <p>City State Zip Code Nashville NC 27856</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ward Drug Company of Nashville</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 7 / 2 0 0 7</td> </tr> </table> <p>Transaction ID: SA11AI.21654</p> <p>Amount of Each Receipt this Period 100.00</p> </p>	M M / D D / Y Y Y Y	0 9 / 2 7 / 2 0 0 7
M M / D D / Y Y Y Y			
0 9 / 2 7 / 2 0 0 7			

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 127

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ms. Nancy Gott

Mailing Address 2403 Plaza Blvd.

City State Zip Code
National City CA 91950

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

Name of Employer Occupation
Wells Drug Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21521

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Eric Graf

Mailing Address 8614 Hartsman Road

City State Zip Code
Wadsworth OH 44281

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

Name of Employer Occupation
Ritzman Pharmacies Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21655

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert E. Graul

Mailing Address Box 1188

City State Zip Code
Rancho Santa Fe CA 92067

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

Name of Employer Occupation
Rancho Santa Fe Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21794

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 224 Byron

City Waterloo State IA Zip Code 50701

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

Name of Employer Greenwood Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21808
 Amount of Each Receipt this Period 200.00

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

Mailing Address 511 Ashville Hwy

City Greenville State TN Zip Code 37743

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

Name of Employer Atchley Drug Center Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21656
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Grisnik

Mailing Address 111 Mill Street

City Grove City State PA Zip Code 16127

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

Name of Employer Rx Xpress Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21657
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Don Grove

Mailing Address P.O. Box 1599

City Warsaw State MO Zip Code 65355

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

Name of Employer J & D Pharmacies Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21522

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Mr. Gabriel Guijarro

Mailing Address 903 N Frank

City Lufkin State TX Zip Code 75904

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

Name of Employer The Medicine Shoppe Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21658

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Hackett

Mailing Address 101 Pleasant Street

City S Weymouth State MA Zip Code 02190

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

Name of Employer Olden's Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21523

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Travis Hall

Mailing Address 700 W Pine Street

City State Zip Code
Mount Airy NC 27030

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

Name of Employer Mount Airy Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21524

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Larry Halper

Mailing Address 201 City Ave

City State Zip Code
Merion Station PA 19066

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

Name of Employer Dakes Drug Star Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21525

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Ken Harlan

Mailing Address 3010 Myers Street

City State Zip Code
Oroville CA 95966

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

Name of Employer Robert's Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21840

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph Harmison

Mailing Address PO Box 152643

City State Zip Code
Arlington TX 76015

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

Name of Employer Harmison Pharmacies Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21659

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Greg Harmon

Mailing Address P.O. Box 610

City State Zip Code
Kapaau HI 96755

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

Name of Employer Kamehameha Occupation Staff Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21661

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ms Debra Harron

Mailing Address 144 Mountain View Road

City State Zip Code
Mars Hill NC 28754

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

Name of Employer Mars Hill Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21795

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 127
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Steven Hartwig

Mailing Address 52 E. Arrow Street

City Marshall State MO Zip Code 65340

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

Name of Employer Red Cross Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21662
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Bentley Hawley

Mailing Address P.O. Box 4474

City Odessa State TX Zip Code 79760

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

Name of Employer Evans Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21663
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 160 Business Park Circle

City Stoughton State WI Zip Code 53589

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

Name of Employer PAAS National Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21526
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 127
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. H. Edward Heckman

Mailing Address 140 Business Park Circle

City Stoughton State WI Zip Code 53589

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

Name of Employer Heckman & Associates Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21664
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Ms Holly Henry

Mailing Address 7317 35th Avenue NE

City Seattle State WA Zip Code 98115

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

Name of Employer Rxtra Care Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21665
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Henry

Mailing Address 4831 35th Ave S.W.

City Seattle State WA Zip Code 98126

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

Name of Employer Rxtra Care Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21666
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr Gerard Herpel

Mailing Address P.O. Box 267

City State Zip Code
McHenry MD 21541

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

Name of Employer Occupation
Deep Creek Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21667

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Raymond Hickman

Mailing Address P.O. Box 965

City State Zip Code
Monroe GA 30655

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

Name of Employer Occupation
Carmichael Drug Co Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21668

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Allen Hicks

Mailing Address 1020 Richland Ave W

City State Zip Code
Aiken SC 29801

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

Name of Employer Occupation
The Medicine Mart Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21669

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Mimi Hill-Shannahan

Mailing Address 30 E Dover Street

City State Zip Code
Easton MD 21601

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

Name of Employer Hill's Drug Store Occupation Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	7

Transaction ID: SA11AI.21670

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 9

City State Zip Code
Gloucester VA 23061

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

Name of Employer Gloucester Pharmacy Occupation Pharmacist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	7

Transaction ID: SA11AI.21796

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. B. Douglas Hoey

Mailing Address 1104 Emerald Dr

City State Zip Code
Alexandria VA 22308

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

Name of Employer National Community Pharmacists Associa Occupation Pharmacist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	7

Transaction ID: SA11AI.21527

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 127

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Lonnie Hollingsworth

Mailing Address 5119-34th Street

City State Zip Code
Lubbock TX 79410

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

Name of Employer Occupation
L & H Pharmacies Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21671

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 673 W Karsch Blvd

City State Zip Code
Farmington MO 63640

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

Name of Employer Occupation
The Medicine Shoppe #859 Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21797

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Steve Hospodavis

Mailing Address 16103 McMullen Hwy SW

City State Zip Code
Cumberland MD 21502

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

Name of Employer Occupation
Steve Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21672

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ►

350.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Hayden Houston

Mailing Address P.O. Box 155

City Hebron State CT Zip Code 06248

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

Name of Employer Hebron Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21673
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Brian Huckle

Mailing Address 5632 East Creek Road

City South Wales State NY Zip Code 14139

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

Name of Employer Pharmacy First Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21528
 Amount of Each Receipt this Period 50.00

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

Mailing Address 316 Delaware Springs

City Burnet State TX Zip Code 78611

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

Name of Employer Lake Area Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21809
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard Hunt

Mailing Address 339 West Third

City State Zip Code
Forest MS 39074

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

Name of Employer Occupation
Mr Discount Drugs Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21674

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. John Hutchison

Mailing Address 101 West Market Street

City State Zip Code
Mount Carroll IL 61053

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

Name of Employer Occupation
Pharmacy Center Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21529

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sherri James

Mailing Address 500 Fletcher Court

City State Zip Code
Smithville MO 64089

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

Name of Employer Occupation
Pharmacy Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21530

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Malcom Janet

Mailing Address 4900 Prospect Ave Ste 106

City State Zip Code
Yorba Linda CA 92886

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

Name of Employer Occupation
Linda Vista Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21531

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. H Barry Jarnigan

Mailing Address P.O. Box 17124

City State Zip Code
Memphis TN 38187

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

Name of Employer Occupation
Third Party Solutions Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21676

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Kent Jenema

Mailing Address 1414 W Fair Street 133

City State Zip Code
Marquette MI 49855

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

Name of Employer Occupation
Peninsula Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21478

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mr. Dennis Johnson		Date of Receipt MM / DD / YYYY 09 / 27 / 2007
Mailing Address 708 S. Washington		Transaction ID: SA11AI.21677
City Grand Forks	State ND	Zip Code 58201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Wall's Medicine Center	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Mr. Mark Johnson		Date of Receipt MM / DD / YYYY 09 / 27 / 2007
Mailing Address 109 S Main Street		Transaction ID: SA11AI.21532
City Colfax	State WA	Zip Code 99111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Tick Klock Drugs	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) Mr. Fletcher Johnston		Date of Receipt MM / DD / YYYY 09 / 27 / 2007
Mailing Address 278 Hwy 24 Ste M		Transaction ID: SA11AI.21533
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Park Pharmacy West	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 127
	(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.	Full Name (Last, First, Middle Initial) Mr. Chad Jones	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 406 W 6th Street	Transaction ID: SA11AI.21534
	City State Zip Code Chelsea OK 74016	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Chelsea Family Pharmacy Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Finny Joseph	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 213 West Main Street	Transaction ID: SA11AI.21535
	City State Zip Code Durham NC 27701	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Main Street Pharmacy Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Mr. Steven Judy	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 24 North Main Street	Transaction ID: SA11AI.21679
	City State Zip Code Petersburg WV 26847	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Judy's Drug Store Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Eric Juergens	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 502 East Eva Circle	Transaction ID: SA11AI.21680
	City State Zip Code Springfield OH 45504	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Madison Ave Pharmacy Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Mr. John Kaiser	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 186 Briarcrest Village Drive	Transaction ID: SA11AI.21681
	City State Zip Code Norwalk OH 44857	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kaiser Wells Inc Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Mr. Harold Kemp	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 107 S Duval Street	Transaction ID: SA11AI.21682
	City State Zip Code Claxton GA 30417	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kemp's Pharmacy Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 127

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Steven King		Date of Receipt
	Mailing Address 3118 Bissonnet		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Houston	TX	77005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21683
Name of Employer Buffalo Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. Mark Kinney		Date of Receipt
	Mailing Address 3660 Wadsworth Blvd.		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wheat Ridge	CO	80033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21810
Name of Employer Rx Plus Pharmacies		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1400.00"/>	<input type="text" value="200.00"/>

C.	Full Name (Last, First, Middle Initial) Mr. Robert Kinsey		Date of Receipt
	Mailing Address 4290 Kinsey Drive		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tyler	TX	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21537
Name of Employer Kensey's Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Sherwood Klein, Jr.

Mailing Address PO Box 368

City State Zip Code
Ellicottville NY 14731

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

Name of Employer Occupation
Ellicottville Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21684

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 2210 Barrow Road

City State Zip Code
Poplar Bluff MO 63901

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

Name of Employer Occupation
Northwest Pharmacy Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21685

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Klenk

Mailing Address 2446 Elmwood Avenue

City State Zip Code
Kenmore NY 14217

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

Name of Employer Occupation
Ivylea Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21686

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Charles Kohlerman	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 101 W King Street	Transaction ID: SA11AI.21841
	City Malvern State PA Zip Code 19355	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Kohlerman Pharmacy Occupation: Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Mr. William Koonce	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 101 West Main Street	Transaction ID: SA11AI.21688
	City Spindale State NC Zip Code 28160	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Spindale Drug Company Occupation: Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. James Kransow	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 280 Lincoln Street Ste 5	Transaction ID: SA11AI.21689
	City Allston State MA Zip Code 02134	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Pehlham Healthcare Services Occupation: Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 55 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Chuck Kray

Mailing Address 731 Cherry Drive

City State Zip Code
Hershey PA 17033

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

Name of Employer Occupation
Hershey Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21690

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Greg Kurtz

Mailing Address 406 W. Putnam Avenue

City State Zip Code
Porterville CA 93257

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

Name of Employer Occupation
702 Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21691

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ms Janet Kusler

Mailing Address 700 Avenue D

City State Zip Code
Snohomish WA 98290

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

Name of Employer Occupation
Kusler's Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21539

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Chester Kuykendall

Mailing Address P.O. Box 292

City State Zip Code
Ozark AR 72949

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

Name of Employer Occupation
Village Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21692

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms. Sharlea Leatherwood

Mailing Address 4260 N. Oak Trfwy

City State Zip Code
Kansas City MO 64116

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

Name of Employer Occupation
North Oak Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21693

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph Lech

Mailing Address 13 Rockledge Lane

City State Zip Code
Tunkhannock PA 18657

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

Name of Employer Occupation
Lech's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21819

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 127
(check only one)

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

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

A.

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

Mailing Address 2909 Loma Vista Road

City State Zip Code
Ventura CA 93003

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

Name of Employer Occupation
Roger's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21694

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mrs. DeAnna Leikach

Mailing Address 2025 Suffolk Rd

City State Zip Code
Finksburg MD 21048

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

Name of Employer Occupation
Finksburg Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21695

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Neil Leikach

Mailing Address 508 Bond Ave

City State Zip Code
Reisterstown MD 21136

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

Name of Employer Occupation
Cantonsville Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21696

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

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

FOR LINE NUMBER: PAGE 58 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Tom Liataud

Mailing Address 6056 Alcove Avenue

City State Zip Code
North Hollywood CA 91606

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

Name of Employer California Medical Pharmacy Occupation Owner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21798

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Ron Lind

Mailing Address P.O. Box 47

City State Zip Code
Langley WA 98260

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

Name of Employer Lind's Langley Drug Occupation Pharmacist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21820

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth Long

Mailing Address 413 West Hill Street

City State Zip Code
Thomson GA 30824

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

Name of Employer Moye Pharmacy Occupation Pharmacist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21816

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Lonnie Long

Mailing Address 1114 N Main Street

City Altus State OK Zip Code 73521

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

Name of Employer Rexco Drugs Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21541
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Mr. Brad Lueneburg

Mailing Address 540 Campbell Court

City Hutchinson State MN Zip Code 55350

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

Name of Employer Family Rexall Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21697
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Patrick Lynch

Mailing Address 404 Hazen Street

City Paw Paw State MI Zip Code 49079

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

Name of Employer Hill's Prescription Shop Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21799
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mr. Neil Macklin		Date of Receipt MM / DD / YYYY 09 / 27 / 2007
Mailing Address 2750 Dundee Road		Transaction ID: SA11AI.21542
City Northbrook	State Zip Code IL 60062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Dundee Pharmacy	Occupation Pharmacist	Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mr. Eddie Madden		Date of Receipt MM / DD / YYYY 09 / 27 / 2007
Mailing Address 101 College Ave		Transaction ID: SA11AI.21699
City Elberton	State Zip Code GA 30635	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Maden's Pharmacy	Occupation Pharmacist	Aggregate Year-to-Date ▼ 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Mr. Jerid Maddox		Date of Receipt MM / DD / YYYY 09 / 27 / 2007
Mailing Address 501 Teaco Road		Transaction ID: SA11AI.21543
City Kennett	State Zip Code MO 63857	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Teko Pharmacy	Occupation Pharmacist	Aggregate Year-to-Date ▼ 700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 127
(check only one)

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

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

A.

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

Mailing Address Box 45

City State Zip Code
Patton PA 16668

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

Name of Employer Occupation
Patton Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21700

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Sunil Mandalapu

Mailing Address 735 Amsterdam Ave

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
New Amsterdam Drug Mart Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21544

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dave Marley

Mailing Address 5030 Peters Creek Pkwy

City State Zip Code
Winston Salem NC 27127

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

Name of Employer Occupation
Marley's Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21701

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Phillip Marsiglia

Mailing Address 3910 Dance Mill Road

City State Zip Code
Phoenix MD 21131

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

Name of Employer Occupation
South Baltimore Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21545

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Paul A. Martin

Mailing Address 5201 Capitol Blvd.

City State Zip Code
Tumwater WA 98501

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

Name of Employer Occupation
Martins Southgate Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21702

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ms Sonia Martinez

Mailing Address 6627 S Dixie Hwy

City State Zip Code
Miami FL 33143

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

Name of Employer Occupation
Marco Drug & Compounding Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21703

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Ronald Matthews

Mailing Address 101 Canal Street

City State Zip Code
Ellenville NY 12428

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

Name of Employer Occupation
Matthews Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21704

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. William V. Mattson

Mailing Address 410 S. Meier Road

City State Zip Code
Mt. Prospect IL 60056

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

Name of Employer Occupation
Ballin Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21705

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen McCahan

Mailing Address 813A Lower Main Street

City State Zip Code
Saxton PA 16678

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

Name of Employer Occupation
McCahan's Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21706

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

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

FOR LINE NUMBER: PAGE 64 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms Beth McCullough

Mailing Address 146 Passion Play Road

City State Zip Code
Eureka Springs AR 72632

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

Name of Employer Occupation
Medical Park Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21593

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Mr. Larry McIntosh

Mailing Address 10227 Hartshill Lane

City State Zip Code
St Louis MO 63128

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

Name of Employer Occupation
Pharmax Inc Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21707

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Warren Meador

Mailing Address 105 North Main

City State Zip Code
Elk City OK 73644

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

Name of Employer Occupation
Meador Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21709

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 127

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Ms Cheryl Meek

Mailing Address RR 1 Box 224

City Kingsley State PA Zip Code 18826

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

Name of Employer Lenox Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21546

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kerry Milano

Mailing Address 3634 W. Esplanade Avenue

City Metairie State LA Zip Code 70002

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

Name of Employer Chateau Drugs Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21800

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ms Bethany Miller

Mailing Address 10 W Broadway

City Red Loin State PA Zip Code 17356

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

Name of Employer Lion Pharmacy Occupation Owner

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21594

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 127

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. David J Miller

Mailing Address 4750 Cascade road SE

City	State	Zip Code
Grand Rapids	MI	49546

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

Name of Employer Keystone Pharmacy	Occupation Owner
---------------------------------------	---------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21811

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kevin Miller

Mailing Address 1911 Campbellsville Rd

City	State	Zip Code
Greensburg	KY	42743

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

Name of Employer Greensburg Discount Pharmacy	Occupation Pharmacist
--	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00
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Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21548

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Martin Mintz

Mailing Address 6701 Harford Rd.

City	State	Zip Code
Baltimore	MD	21234

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

Name of Employer Northern Pharmacy	Occupation Pharmacist
---------------------------------------	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00
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Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21711

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Scott Miskovsky
Mailing Address 420 Main Street
City State Zip Code
Forest City PA 18421
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Red Cross Phcy Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21712
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Dwayne Mitchell
Mailing Address 116 Jimmie Davis Blvd
City State Zip Code
Jonesboro LA 71251
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Mitchell's Pharmacy Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21549
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Mr. William Moore
Mailing Address 101 W. Sinton
City State Zip Code
Sinton TX 78387
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Moore's Pharmacy Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21551
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. W. Whitaker Moose

Mailing Address PO Box 67

City State Zip Code
Mt. Pleasant NC 28124

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

Name of Employer Occupation
Moose Drug Company Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21713

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Garry Moreland

Mailing Address 124 N Congress Street

City State Zip Code
Rushville IL 62681

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

Name of Employer Occupation
Moreland & Devitt Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21714

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. A.L. Morris

Mailing Address P.O. Box 66

City State Zip Code
Pickens SC 29671

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

Name of Employer Occupation
Corner Drug Store Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21595

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph Mosso, Sr.

Mailing Address 307 St. John Drive

City State Zip Code
Latrobe PA 15650

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

Name of Employer Retired Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21715

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. George Muller

Mailing Address P.O. Box 429

City State Zip Code
Lacombe LA 70445

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

Name of Employer Muller Health Mart Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21552

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ms. DeAnn Mullins

Mailing Address 830 Ohio Ave

City State Zip Code
Lynn Haven FL 32444

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

Name of Employer Mullins Pharmacy, Inc Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21801

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. David Nation	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 2514 Little Brook Trail	Transaction ID: SA11AI.21553
	City State Zip Code Owensboro KY 42303	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nation Medicines Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Kevin Nestruck	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 1151 Iron Springs Road Suite G	Transaction ID: SA11AI.21716
	City State Zip Code Prescott AZ 86305	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Option Care of Arizona Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Mr. Stephen Norman	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 101 E. Main Street	Transaction ID: SA11AI.21717
	City State Zip Code Willow Springs MO 65793	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ferguson Drug Company Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 71 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. James Norton

Mailing Address 217 E Main Street

City State Zip Code
Washington IN 47501

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

Name of Employer Occupation
Main Street Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21554

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Gerard O'Hare

Mailing Address 66 W. Pike

City State Zip Code
Canonsburg PA 15317

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

Name of Employer Occupation
Jeffrey's Drug Store Phramacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21802

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Ms Stephanie O'Neal

Mailing Address P.O. Box 757

City State Zip Code
Wynne AR 72396

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

Name of Employer Occupation
Wynne Medical Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21720

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Patrick O'Shea

Mailing Address 509 N. Main Street

City State Zip Code
Bridgewater VA 22812

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

Name of Employer Occupation
Bridgewater Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21556

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. John Ochs

Mailing Address 301 Bridge Street

City State Zip Code
Charlevoix MI 49720

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

Name of Employer Occupation
Central Drug Store Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21555

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Frank Odeh

Mailing Address 8505 Arlington Blvd., #110

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
Prosperity Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21718

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

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

FOR LINE NUMBER: PAGE 73 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Tony Ogden
Mailing Address 6415 Sands Drive
City Pasadena State TX Zip Code 77505
FEC ID number of contributing federal political committee. **C**
Name of Employer Groveway Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21719
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Bill Osborn
Mailing Address 11 W Central
City Miami State OK Zip Code 74354
FEC ID number of contributing federal political committee. **C**
Name of Employer Osborn Drugs Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21721
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenton Page
Mailing Address 5100 N. Broadway
City Knoxville State TN Zip Code 37918
FEC ID number of contributing federal political committee. **C**
Name of Employer Medicine Shoppe Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21557
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 74 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert Palmer

Mailing Address 5073 E. Stagecoach Road

City State Zip Code
Vincennes IN 47591

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

Name of Employer Occupation
Northside Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21558

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Howrad Pavia

Mailing Address 400 N. Kaufman Street

City State Zip Code
Linden TX 75563

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

Name of Employer Occupation
Linden Drug True Care Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21560

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. S. Douglas Perine

Mailing Address 430 Main Street

City State Zip Code
Rossville KS 66533

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

Name of Employer Occupation
Doug's Healtmart Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21561

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 127

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ms Katherine Petsos

Mailing Address 90 S Sykes Creek Pkwy

City	State	Zip Code
Merritt Island	FL	32952

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

Name of Employer Walgreens	Occupation Pharmacist
-------------------------------	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00
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Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21722

Amount of Each Receipt this Period	100.00
------------------------------------	--------

B.

Full Name (Last, First, Middle Initial)
Mr. Sid Pierson

Mailing Address 825 SE Bishop Blvd #301

City	State	Zip Code
Pullman	WA	99163

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

Name of Employer Sid's Professional Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21723

Amount of Each Receipt this Period	100.00
------------------------------------	--------

C.

Full Name (Last, First, Middle Initial)
Mr. Martin Pietruszewski

Mailing Address 2890 Elmwood Ave

City	State	Zip Code
Buffalo	NY	14217

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

Name of Employer Kenmore Rx Center	Occupation Pharmacist
---------------------------------------	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00
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Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21562

Amount of Each Receipt this Period	50.00
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SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Peter Pogany
Mailing Address 611 Park Ave
City Plainfield State NJ Zip Code 07060
FEC ID number of contributing federal political committee. **C**
Name of Employer Rapps Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21724
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. William Popomaronis
Mailing Address 14615 Manor Road
City Phoenix State MD Zip Code 21131
FEC ID number of contributing federal political committee. **C**
Name of Employer NCPA Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21481
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Mr Kerry Prickett
Mailing Address 985 9th Ave SW
City Bessemer State AL Zip Code 35020
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Center Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21563
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 175.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 77 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Dennis Princing
Mailing Address 333 S Michigan Ave
City State Zip Code
Saginaw MI 48602
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Princing's Pharmacy Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21817
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Louis Proctor
Mailing Address 400 W. Clay
City State Zip Code
Plattsburg MO 64477
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Plattsburg Clinic Pharmacy Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21847
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas Rains
Mailing Address 801 Madison Street
City State Zip Code
Oak Park IL 60302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
sears Pharmacy Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21727
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

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

Mailing Address 1106 Broadway Street

City Highland State IL Zip Code 62249

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

Name of Employer Family Care Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21728

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mel Rauton

Mailing Address 84 Willow Oak Circle

City N Charleston State SC Zip Code 29418

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

Name of Employer Prescription Center Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21564

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Scott Rayl

Mailing Address 114 S. Huron Ave

City Harbor Beach State MI Zip Code 48441

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

Name of Employer Harbor Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21729

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Eric Redmer

Mailing Address 2721 Olive Hwy Ste 21

City State Zip Code
Oroville CA 95966

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

Name of Employer Occupation
Olive Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21842

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Harry Reece

Mailing Address 129 W Main Street

City State Zip Code
Mountain City TN 37683

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

Name of Employer Occupation
Family Perscription Center Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21730

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. George Reese

Mailing Address 10617 Frank Ave

City State Zip Code
Cleveland OH 44106

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

Name of Employer Occupation
Reese Pharmaceutical Co Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21731

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Levi Rice

Mailing Address PO Box 444

City State Zip Code
Beaver Dam KY 42320

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

Name of Employer Occupation
Rice Drugs Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21565

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Richard Rice

Mailing Address 13541 Kingsmill Road

City State Zip Code
Midlothian VA 23113

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

Name of Employer Occupation
Sycamore Cardinal Drug Ce-
nter Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21733

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 20381 Arch Street

City State Zip Code
Little Rock AR 72206

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

Name of Employer Occupation
East End Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21734

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 127
(check only one)

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

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

A.

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

Mailing Address 5600 Broad St N

City State Zip Code
Trezevant TN 38258

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

Name of Employer Occupation
West Carroll Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21844

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bruce Roberts

Mailing Address 307 Edwards Ferry Road

City State Zip Code
Leesburg VA 20176

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

Name of Employer Occupation
NCPA Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21821

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gerald Roberts

Mailing Address One Wesbury Square, #B

City State Zip Code
St. Charles MO 63301

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

Name of Employer Occupation
Standard Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21735

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Gregory Rohde

Mailing Address 934 Michigan Street

City State Zip Code
Sturgeon Bay WI 54235

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

Name of Employer Occupation
Bay Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21736

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph Rudolph

Mailing Address 4336 Shelmire Ave

City State Zip Code
Philadelphia PA 19136

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

Name of Employer Occupation
Philadelphian Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21737

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ronald Rumsey

Mailing Address 9209 Elam Road Suite 105

City State Zip Code
Dallas TX 75217

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

Name of Employer Occupation
Elam Road Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21812

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Tom Rust

Mailing Address 7857 US Highway 27

City State Zip Code
Alexandria KY 41001

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

Name of Employer Occupation
Alexandria Drugs Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21738

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Paul Ruwe

Mailing Address 701 Scott Street

City State Zip Code
Covington KY 41011

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

Name of Employer Occupation
Paul's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21739

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ivan Saiff

Mailing Address 72 Tranquility Lane

City State Zip Code
Destin FL 32541

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

Name of Employer Occupation
Saiff Drugs and Home Health Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21740

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 127

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Shurki Saliba

Mailing Address 16402 Paramount Blvd

City State Zip Code
Paramount CA 90723

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

Name of Employer Occupation
St Luke Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21741

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kenny Sanders

Mailing Address 120 Ashford Way

City State Zip Code
Alabaster AL 35007

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

Name of Employer Occupation
American Pharmacy Co-op Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21566

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Sal Saraniti

Mailing Address 2817 E Oakland Park Blvd

City State Zip Code
Fort Lauderdale FL 33306

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

Name of Employer Occupation
Commcare Pharmacy Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21813

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. John Schaff

Mailing Address 101 W Laurel Ave

City State Zip Code
Foley AL 36535

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wright Drugs Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21743
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. William P Scheer

Mailing Address 1343 E. Gunhill Road

City State Zip Code
Bronx NY 10469

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Scheer Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21744
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Joshua Schipper

Mailing Address 4815 Vernon Blvd

City State Zip Code
Long Island City NY 11101

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Vernon Blvd Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21745
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Ben Scott

Mailing Address 2025 Regency Road

City Lexington State KY Zip Code 40503

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

Name of Employer Option Care Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21746

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Arthur Seigfreid

Mailing Address 6655 Sorenson Parkway

City Omaha State NE Zip Code 68152

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

Name of Employer Seig Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21747

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Lee Shafer

Mailing Address 11 Center Street

City Tamaqua State PA Zip Code 18252

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

Name of Employer Shafer's Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21748

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

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FOR LINE NUMBER: PAGE 87 / 127
(check only one)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Lawrence Shanley

Mailing Address P.O. Box 86

City State Zip Code
Peru NY 12972

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

Name of Employer Occupation
Peru Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21749

Amount of Each Receipt this Period
100.00

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

Mailing Address 5993 Lindhurst Ave

City State Zip Code
Marysville CA 95901

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

Name of Employer Occupation
Medi-Mart Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21750

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Jeff Sigler

Mailing Address 4525 West 6th Street

City State Zip Code
Lawrence KS 66049

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

Name of Employer Occupation
Sigler Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21567

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Darrin Silbaugh
Mailing Address 2645 N 3rd Street
City Harrisburg State PA Zip Code 17110-2001
FEC ID number of contributing federal political committee. **C**
Name of Employer Harrisburg Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21751
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Mathew Slakoper
Mailing Address 701 Bristol Pike
City Croydon State PA Zip Code 19021
FEC ID number of contributing federal political committee. **C**
Name of Employer Mat's Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21752
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Darrell Smith
Mailing Address 621 W 29th Street
City San Angelo State TX Zip Code 76903
FEC ID number of contributing federal political committee. **C**
Name of Employer Lakeview Saveall Pharmacy Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21753
Amount of Each Receipt this Period 100.00

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

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

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Dave Smith
 Mailing Address 316 8th Street
 City State Zip Code
 Hoquiam WA 98550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harbor Drug Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00
 Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21755
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. David Smith
 Mailing Address 155 Main Street
 City State Zip Code
 Brookville PA 15825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Means-Lauf Super Drug Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00
 Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21754
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Donald R. Smith
 Mailing Address 802 E. Medical Ct
 City State Zip Code
 Post Falls ID 83854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicine Man West Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00
 Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21756
 Amount of Each Receipt this Period 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Ernie Snyder

Mailing Address P.O. Box 185

City	State	Zip Code
Seymour	MO	65746

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

Name of Employer Seymour Pharmacy	Occupation Owner
--------------------------------------	---------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00
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Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21568

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Ms. Kelly Soekarmoen

Mailing Address 512 Phoenix Street

City	State	Zip Code
South Haven	MI	49090

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

Name of Employer MacDonald Drug Store	Occupation Pharmacist
--	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21803

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Todd Sondrup

Mailing Address 508 E South Temple Ste 124

City	State	Zip Code
Salt Lake city	UT	84102

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

Name of Employer Medical Plaza Pharmacy	Occupation Pharmacist
--	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
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Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21569

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Mr. Tommy Spell

Mailing Address 101 E Georgetown Street

City State Zip Code
Crystal Springs MS 39059

FEC ID number of contributing federal political committee. C

Name of Employer Biggs Drugstore Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21758

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Daryl Spence

Mailing Address 4821 River Oaks Blvd.

City State Zip Code
Ft. Worth TX 76114

FEC ID number of contributing federal political committee. C

Name of Employer Spence Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21804

Amount of Each Receipt this Period 150.00

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

Mailing Address 821 Iowa Ave

City State Zip Code
Onawa IA 51040

FEC ID number of contributing federal political committee. C

Name of Employer Stangel Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21483

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 275.00

TOTAL This Period (last page this line number only)

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

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Ralph Stanzone

Mailing Address PO Box 223

City Somers State CT Zip Code 06071

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

Name of Employer Somers Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21570
 Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Mr. David Stevens

Mailing Address 314 S Main Street

City Canyonville State OR Zip Code 97417

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

Name of Employer Gordon's Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21759
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Gerald Stone

Mailing Address 404 Highway 27

City Comfort State TX Zip Code 78013

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

Name of Employer The Drug Shop Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21760
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

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FOR LINE NUMBER: PAGE 93 / 127
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert Story

Mailing Address 25 M. L. King Blvd E

City Belle Glade State FL Zip Code 33430

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

Name of Employer Lake Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21848
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. David Strauch

Mailing Address 121 W. 4th Street

City Appleton City State MO Zip Code 64724

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

Name of Employer Kreisler Drug Occupation Pharmacsit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21761
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Strickland

Mailing Address P.O. Box 217

City Hartsville State AL Zip Code 35640

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

Name of Employer Buy Rite Drugs Occupation Compounding Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21762
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 127
(check only one)

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

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

A.

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

Mailing Address 1615 Ashland Road

City State Zip Code
Greenup KY 41144

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

Name of Employer Occupation
Stultz Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21763

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ms Tammy S Stutes

Mailing Address 8515 River Road

City State Zip Code
Abbeville LA 70510

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

Name of Employer Occupation
Cashway Pharmacy of Abbeville Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21764

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Leonard Sullivan

Mailing Address 4651 Highway 19

City State Zip Code
Zachary LA 70791

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

Name of Employer Occupation
Sullivan's Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21765

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s)
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(check only one)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert Sumner

Mailing Address 8015 W Alameda #100

City State Zip Code
Lakewood CO 80226

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

Name of Employer Occupation
Union Square Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21766

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Taiber

Mailing Address 110 10th Street, SW
PO Box 785

City State Zip Code
Waverly IA 50677

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

Name of Employer Occupation
Meyer Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21571

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry Talley

Mailing Address 991 W Centerton Blvd

City State Zip Code
Centerton AR 72719

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

Name of Employer Occupation
Talley Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21572

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Carlos Tamarit

Mailing Address 766 Eighth Avenue

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21573

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Larry Thomerson

Mailing Address 113 N 1st Street

City State Zip Code
Gurdon AR 71743

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

Name of Employer Occupation
Thomerson Drugs Inc Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21575

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Bryan Thompson

Mailing Address 821 Scioto Street

City State Zip Code
Urbana OH 43078

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

Name of Employer Occupation
The Medicine Shoppe 1202 Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21767

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 127
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. John Tilley

Mailing Address 11411 Brookshire Avenue

City State Zip Code
Downey CA 90241

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

Name of Employer Occupation
Zweber Apothecary Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21768

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 117 Clintonian Plaza

City State Zip Code
Breese IL 62230

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

Name of Employer Occupation
Comprehensive Care Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21576

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Christopher Tuetken

Mailing Address 419 E 1st Street

City State Zip Code
Monticello IA 52310

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

Name of Employer Occupation
Long's drugs Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21771

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 127

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Greg Turner		Date of Receipt MM / DD / YYYY 09 / 27 / 2007	
	Mailing Address 560 S Washington		Transaction ID: SA11AI.21772	
	City	State	Zip Code	Amount of Each Receipt this Period
	Dale	IN	47523	100.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Dale Pharmacy		Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00		

B.	Full Name (Last, First, Middle Initial) Mr. P. A. Turner		Date of Receipt MM / DD / YYYY 09 / 27 / 2007	
	Mailing Address P.O. Box 700		Transaction ID: SA11AI.21773	
	City	State	Zip Code	Amount of Each Receipt this Period
	Inola	OK	74036	100.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Inola Drug		Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Jonathan Van Lahr		Date of Receipt MM / DD / YYYY 09 / 27 / 2007	
	Mailing Address 1109 West Hwy 60		Transaction ID: SA11AI.21775	
	City	State	Zip Code	Amount of Each Receipt this Period
	Irvington	KY	40146	100.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Save-Rite Drugs		Occupation Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Qui Vanly

Mailing Address 4917 East Kings Canyon Rd #102

City State Zip Code
Fresno CA 93727

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

Name of Employer Occupation
Fresno Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21776

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr Jack Vasoya

Mailing Address 752 E. Arrow Highway

City State Zip Code
Pomona CA 91767

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

Name of Employer Occupation
Express Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21578

Amount of Each Receipt this Period
50.00

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

Mailing Address 91 North Main

City State Zip Code
Cedar City UT 84720

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

Name of Employer Occupation
Bullock's United Drug Store Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21485

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

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

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FOR LINE NUMBER: PAGE 100 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Joe Vivo

Mailing Address 273 B S Atlantic Blvd

City State Zip Code
Los Angeles CA 90022

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

Name of Employer Atlantic Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21579

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms Mary Walsh

Mailing Address 1 Marchwood Road

City State Zip Code
Exton PA 19341

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

Name of Employer Exton Pharmacy at Marchwood Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21777

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. S. Fred Walz

Mailing Address P.O. Box 748

City State Zip Code
Dale IN 47523

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

Name of Employer Your Family Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21778

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Maurice Warner

Mailing Address 108 S. 17th Street

City State Zip Code
Unionville MO 63565

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

Name of Employer Occupation
Warner Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21779

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Earnest Watts

Mailing Address 2354 Highway 15

City State Zip Code
Whitesburg KY 41858

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

Name of Employer Occupation
Parkway Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21580

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Tony Welder

Mailing Address PO Box 835

City State Zip Code
Bismarck ND 58501

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

Name of Employer Occupation
Dakota Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21581

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Theresa Wells-Tolle

Mailing Address 5797 Treasure Lane

City State Zip Code
Grant FL 32949

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

Name of Employer Occupation
Bay Street Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21780

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Wayne West

Mailing Address 124 W Renfro Street

City State Zip Code
Burluson TX 76028

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

Name of Employer Occupation
West Pharmacy Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21582

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Tom Whiston

Mailing Address 25 South Main Street

City State Zip Code
Mt. Gilead OH 43338

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

Name of Employer Occupation
Whiston Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: SA11AI.21782

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Stephen Whitaker
Mailing Address 1105 Fogg Pike
City State Zip Code
Mount Sterling KY 40353
FEC ID number of contributing federal political committee. **C**
Name of Employer Whitaker Pharmacy Occupation Owner
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21584
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Mr. Dirk White
Mailing Address 705 Halibut Point Road
City State Zip Code
Sitka AK 99835
FEC ID number of contributing federal political committee. **C**
Name of Employer White's Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21783
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Ms Patricia White
Mailing Address 106 Lincoln Street
City State Zip Code
Sitka AK 99835
FEC ID number of contributing federal political committee. **C**
Name of Employer Whites Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 27 / 2007
Transaction ID: SA11AI.21784
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00
TOTAL This Period (last page this line number only) ►

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Ralph Williams

Mailing Address 247 West Main Street

City Hendersonville State TN Zip Code 37075

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

Name of Employer Medicine Shoppe #755 Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21785

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Justin Wilson

Mailing Address 1212 A South Douglas

City Midwest City State OK Zip Code 73130

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

Name of Employer Valo-Med Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21786

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Lonny Wilson

Mailing Address 45 NE 52nd Street

City Oklahoma City State OK Zip Code 73130

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

Name of Employer Pharmacy Providers of OK Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 27 / 2007

Transaction ID: SA11AI.21814

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 127
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Terry Wingo		Date of Receipt
	Mailing Address 7131 University Drive		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Huntsville	AL	35806
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.21787
Name of Employer Madison Drugs		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="900.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Allan Wong		Date of Receipt
	Mailing Address 4445 Kissena Blvd #A		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Flushing	NY	11355
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.21788
Name of Employer Victoria Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="900.00"/>	

C.	Full Name (Last, First, Middle Initial) Mr. James Wood		Date of Receipt
	Mailing Address 3868 Highway 431		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	roanoke	AL	36274
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.21789
Name of Employer Emerging Home Care Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="900.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
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: PAGE 106 / 127
(check only one)

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<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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

A. Full Name (Last, First, Middle Initial)
Ms Erica Worhatch

Mailing Address 215 N. Nordic

City Petersburg State AK Zip Code 99833

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

Name of Employer Petersburg Rexall Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21585
 Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Mr. Maximilian Worhatch

Mailing Address P.O. Box 1209

City Petersburg State AK Zip Code 99833

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

Name of Employer Petersburg Rexall Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21790
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen Woxland

Mailing Address 135 N Main Street

City Pardeeville State WI Zip Code 53954

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

Name of Employer Village Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 27 / 2007
Transaction ID: SA11AI.21586
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 127
(check only one)

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<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Gary Wright

Mailing Address 960 Ross Street

City State Zip Code
Heflin AL 36264

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

Name of Employer Occupation
Wright Drug Co Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21587

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 300 Perry Street

City State Zip Code
Helena AR 72342

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

Name of Employer Occupation
Economy Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21588

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jeff Young

Mailing Address 900 Pine Street #211

City State Zip Code
Englewood FL 34223

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

Name of Employer Occupation
Englewood Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: SA11AI.21815

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

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FOR LINE NUMBER: PAGE 108 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Kris Zepeda		Date of Receipt MM / DD / YYYY 09 / 27 / 2007		
	Mailing Address 805 E Tahoka Road		Transaction ID: SA11AI.21590		
	City BrownField	State TX	Zip Code 79316	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nelson Pharmacy	Occupation Owner			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	32346.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 127
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 1414 Prince Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6402.75

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2007

Transaction ID: SA17.21851

Amount of Each Receipt this Period
1600.40

Interest

SUBTOTAL of Receipts This Page (optional)	▶	1600.40
TOTAL This Period (last page this line number only)	▶	1600.40

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address American Expressway City Ft. Lauderdale State FL Zip Code 33337 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.21854 Date of Disbursement 09 / 28 / 2007
	Amount of Each Disbursement this Period 844.99
B. Full Name (Last, First, Middle Initial) Discover Mailing Address PO Box 3016 City New Albany State OH Zip Code 43054 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.21853 Date of Disbursement 09 / 28 / 2007
	Amount of Each Disbursement this Period 69.48
C. Full Name (Last, First, Middle Initial) EFS National Bank Mailing Address PO Box 30668 City Memphis State TN Zip Code 38130 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.21852 Date of Disbursement 09 / 28 / 2007
	Amount of Each Disbursement this Period 1580.76

SUBTOTAL of Disbursements This Page (optional) ▶

2495.23

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

2495.23

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS <hr/> Mailing Address P.O. Box 8508 <hr/> City State Zip Code Utica NY 13505 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21885 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS <hr/> Mailing Address PO Box 27 <hr/> City State Zip Code Hollidaysburg PA 16648 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21893 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRESS COMMITTEE <hr/> Mailing Address POST OFFICE BOX 28001 PO BOX 28001 <hr/> City State Zip Code RALEIGH NC 27611 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21882 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)		3000.00	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS Mailing Address P.O. Box 127868 City San Diego State CA Zip Code 92112 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21881 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) BOUCHER FOR CONGRESS COMMITTEE Mailing Address PO Box 2000 PO BOX 2000 City Abingdon State VA Zip Code 24212 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21869 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS Mailing Address P.O. Box 15703 P.O. Box 15703 City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21861 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS</p> <p>Mailing Address PO Box 23273</p> <p>City WACO State TX Zip Code 76702</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21857 Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS</p> <p>Mailing Address PO Box 14528</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21890 Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21866 Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) COBLE FOR CONGRESS <hr/> Mailing Address PO Box 1177 PO Box 1177 <hr/> City Greensboro State NC Zip Code 27402 <hr/> Purpose of Disbursement Contribution not Given Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.21927 Date of Disbursement 09 / 28 / 2007 <hr/> Amount of Each Disbursement this Period -1000.00
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement Contribution Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 12	Transaction ID: SB23.21908 Date of Disbursement 09 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS <hr/> Mailing Address 1833 E JEFFERSON <hr/> City DETROIT State MI Zip Code 48207 <hr/> Purpose of Disbursement Contribution Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 14	Transaction ID: SB23.21862 Date of Disbursement 09 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 115 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.21887

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FATTAH FOR CONGRESS

Mailing Address 3900 Ford Road Suite 12-0

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.21929

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF FARR

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 17

Transaction ID: SB23.21860

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Transaction ID: SB23.21923
Date of Disbursement

Mailing Address 228 S WASHINGTON STE 115

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President
State: OR District: 00
Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF MAX BAUCUS

Transaction ID: SB23.21864
Date of Disbursement

Mailing Address BOX 586

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

City HELENA State MT Zip Code 59624

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President
State: MT District: 00
Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
GEOFF DAVIS FOR CONGRESS

Transaction ID: SB23.21886
Date of Disbursement

Mailing Address 3161 Dixie Highway
Suite F

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	7

City Erlanger State KY Zip Code 41018

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
GOODE FOR CONGRESS

Transaction ID: SB23.21856
Date of Disbursement

Mailing Address 115 ORCHARD AVENUE

/ /

City State Zip Code
ROCKY MOUNT VA 24151

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VA District: 05

B.

Full Name (Last, First, Middle Initial)
GRAVES FOR CONGRESS

Transaction ID: SB23.21883
Date of Disbursement

Mailing Address 2345 Grand Suite 2400

/ /

City State Zip Code
Kansas City MO 64108

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
INGLIS FOR CONGRESS COMMITTEE INC.

Transaction ID: SB23.21919
Date of Disbursement

Mailing Address PO Box 210

/ /

City State Zip Code
Travelers Rest SC 29690

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: SC District: 04

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)

PAGE 118 / 127

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) JEFF FORTENBERRY FOR UNITED STATES CONGRESS</p> <p>Mailing Address 1610 N Street</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21898</p> <p>Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21897</p> <p>Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) JIM JORDAN FOR CONGRESS</p> <p>Mailing Address 1709 State Route 560 South</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21876</p> <p>Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
JO BONNER FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 01

Transaction ID: SB23.21863

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JO BONNER FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement
Void old check, contribution not given

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 01

Transaction ID: SB23.21928

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

-1000.00

C. Full Name (Last, First, Middle Initial)
JOHN SALAZAR FOR CONGRESS

Mailing Address P.O. Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.21914

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) JOHN SARBANES FOR CONGRESS</p> <p>Mailing Address PO Box 6854</p> <p>City Towson State MD Zip Code 21285</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21891</p> <p>Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 10986</p> <p>City ROCK HILL State SC Zip Code 29731</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21859</p> <p>Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS</p> <p>Mailing Address 230 North Avenue</p> <p>City Mt. Clemens State MI Zip Code 48043</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21858</p> <p>Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS

Transaction ID: SB23.21888
Date of Disbursement

Mailing Address PO Box 1457

/ /

City Iowa City State IA Zip Code 52244

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 02

B.

Full Name (Last, First, Middle Initial)
MCCAUL FOR CONGRESS INC

Transaction ID: SB23.21878
Date of Disbursement

Mailing Address 815-A Brazos Street PMB 230

/ /

City Austin State TX Zip Code 78701

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 10

C.

Full Name (Last, First, Middle Initial)
MCCOLLUM FOR CONGRESS

Transaction ID: SB23.21899
Date of Disbursement

Mailing Address P.O. Box 14131

/ /

City St. Paul State MN Zip Code 55114

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS</p> <p>Mailing Address 213 Lisbon Street</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21896 Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21913 Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOX 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21868 Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) NANCY BOYDA FOR CONGRESS</p> <p>Mailing Address 510 SW 10TH STREET</p> <p>City TOPEKA State KS Zip Code 66612</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21870 Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NANCY BOYDA FOR CONGRESS</p> <p>Mailing Address 510 SW 10TH STREET</p> <p>City TOPEKA State KS Zip Code 66612</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21915 Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 1986</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21872 Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) SALI FOR CONGRESS Mailing Address PO Box 71 City KUNA State ID Zip Code 83634 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21884 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS Mailing Address 1487 PARKWAY DRIVE City BLACKFOOT State ID Zip Code 83221 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21873 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TEAM EMERSON Mailing Address PO Box 16021 City Alexandria State VA Zip Code 22302 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21895 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) TEAM EMERSON</p> <p>Mailing Address PO Box 16021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21907 Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address 1519 Washington Street 2nd Floor Suite 200</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21865 Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TIAHRT FOR CONGRESS</p> <p>Mailing Address 2250 N Rock Rd #118 A</p> <p>City Wichita State KS Zip Code 67226</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.21903 Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS <hr/> Mailing Address PO BOX 938 <hr/> City MANKATO State MN Zip Code 56002 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21916 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TRENT LOTT FOR MISSISSIPPI <hr/> Mailing Address PO BOX 22824 <hr/> City JACKSON State MS Zip Code 39225 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21925 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US <hr/> Mailing Address P.O. Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21905 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS Mailing Address 6769 Teachout Rd. City Tipton State MI Zip Code 49287 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21874 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2007
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE Mailing Address 123 West High Avenue City New Philadelphia State OH Zip Code 44663 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21901 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2007
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	46000.00