FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

ADDRESS (number and street) ▼ 100 DAINGERFIELD ROAD

☐ Check if different than previously reported. (ACC)

ALEXANDRIA | VA | 22314-2885 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00030809

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☒ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2024 through 09 / 30 / 2024

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 CASSITY, ANNE, , MS.,

Signature of Treasurer *CASSITY, ANNE, , MS.,* Date 10 / 18 / 2024

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Report Covering the Period: From: 09 / 01 / 2024 To: 09 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		241889.60
(b) Cash on Hand at Beginning of Reporting Period	190163.39	
(c) Total Receipts (from Line 19)	24419.87	227475.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	214583.26	469365.11
7. Total Disbursements (from Line 31)	51467.38	306249.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	163115.88	163115.88
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	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Report Covering the Period: From: 09 / 01 / 2024 To: 09 / 30 / 2024

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)	18559.87	181673.11
(ii) Unitemized	860.00	32287.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	19419.87	213960.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	24419.87	226460.11
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	15.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	24419.87	227475.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	24419.87	227475.51

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	467.38	4649.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	467.38	4649.23
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	51000.00	298000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	800.00
(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	800.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	2800.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	51467.38	306249.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	51467.38	306249.23

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24419.87	226460.11
34. Total Contribution Refunds (from Line 28(d))	0.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24419.87	225660.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	467.38	4649.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	15.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	467.38	4633.83

Image# 202410189698687139

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 6 OF 77

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alami, Selma, , ,

Mailing Address 103 State Hwy 152

City: Mustang | State: OK | Zip Code: 73064

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mustang Drug
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28818

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Albert, Stephen, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President, CFO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 714.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28753

Amount of Each Receipt this Period: 42.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Albert, Stephen, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President, CFO

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 756.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28891

Amount of Each Receipt this Period: 42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 184.00

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

Image# 202410189698687140

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Albright, Brooke, , ,

Mailing Address 812 S Park St

City: Carrollton | State: GA | Zip Code: 30117

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Brooke's Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28861

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arthur, Donald, , ,

Mailing Address 935 Brighton Rd

City: Tonawanda | State: NY | Zip Code: 14150

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Brighton Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28808

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arthur, Bradley, , ,

Mailing Address 431 Tonawanda St

City: Buffalo | State: NY | Zip Code: 14207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Black Rock Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28836

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

Image# 202410189698687141

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Atallah, Ahmed, , ,

Mailing Address 1327 El Prado Ave

City: Torrance | State: CA | Zip Code: 90501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Fox Drug Of Torrance Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28827

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bagot, David, , ,

Mailing Address 1 Centre Dr
Suite 100

City: Petersburg | State: IL | Zip Code: 62675

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Petersburgs Pharmacy Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28846

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baker, Philip, , ,

Mailing Address 1700 Harrison St
Ste D

City: Batesville | State: AR | Zip Code: 72501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Clinic Drug Store Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 270.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28878

Amount of Each Receipt this Period: 30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

Image# 202410189698687142

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Belcher, Michele, , ,

Mailing Address 414 SW 6th St

City: Grants Pass | State: OR | Zip Code: 97526

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Grants Pass Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1833.32

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28789

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berry, Robert, , ,

Mailing Address 912 Kenton Station Dr

City: Maysville | State: KY | Zip Code: 41056

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mason Family Drug
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28811

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berryman, Patrick, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1411.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28750

Amount of Each Receipt this Period: 83.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 433.00

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

Image# 202410189698687143

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berryman, Patrick, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1494.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28888

Amount of Each Receipt this Period: 83.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bhakta, Sapan, , ,

Mailing Address 3831 Hughes Ave

City: Culver City | State: CA | Zip Code: 90232

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Brotman Medical Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28852

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bien, Lance, , ,

Mailing Address 301 Flynn Dr

City: Milbank | State: SD | Zip Code: 57252

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Bien Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28842

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 233.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bishop, Clark, , ,

Mailing Address 8935 Tall Oaks Dr

City: Guthrie | State: OK | Zip Code: 73044

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Hutton Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 25 / 2024
Transaction ID : SA11A.28885

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blackburn, Jay, , ,

Mailing Address 170 Business Park Cir

City: Stoughton | State: WI | Zip Code: 53589

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Compliant Pharmacy Alliance Cooperativ
Occupation (for Individual): Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3749.94

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28782

Amount of Each Receipt this Period: 416.66

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boggs, Tracy, , ,

Mailing Address 1250 Highway 77

City: Gadsden | State: AL | Zip Code: 35907

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Southside Family Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28841

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 616.66

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

Image# 202410189698687145

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boone, Richard, , ,

Mailing Address 310 S Main St
PO BOX 480999

City: Linden | State: AL | Zip Code: 36748

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Little Drug Company Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28865

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradshaw, Bianca, , ,

Mailing Address 401 Walnut St

City: Red Bluff | State: CA | Zip Code: 96080

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Elmore Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28812

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brown, Kolby, , ,

Mailing Address 35 Pine Forest Dr

City: Jesup | State: GA | Zip Code: 31546

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Brown Drugs, Inc. dba Lumber City Drug
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 09 / 05 / 2024
Transaction ID : SA11A.28739

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

Image# 202410189698687146

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cagle, Billy, , ,

Mailing Address 196 E Main St

City: Canton | State: GA | Zip Code: 30114

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mid-City Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28860

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Callahan, Jerry, , ,

Mailing Address 106 Broadway St

City: Elsberry | State: MO | Zip Code: 63343

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Medicine Shoppe #2028
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 400.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28873

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cary, James, , ,

Mailing Address 8031 Southpark Cir

City: Littleton | State: CO | Zip Code: 80120

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): ClearSpring Pharmacy, Ltd.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 22 / 2024
Transaction ID : SA11A.28882

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

Image# 202410189698687147

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cary, Rai, , ,

Mailing Address 6350 Frederick Rd

City: Catonsville | State: MD | Zip Code: 21228

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Your Community Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 06 / 2024
Transaction ID : SA11A.28741

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cassity, Anne, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 510.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28754

Amount of Each Receipt this Period: 30.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cassity, Anne, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 540.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28892

Amount of Each Receipt this Period: 30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

Image# 202410189698687148

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Catalano, Charles, , ,

Mailing Address 103 Ardmore Ave

City: Melville | State: NY | Zip Code: 11747

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): C+ S Pharmacy Consultants
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28867

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chancy, Hugh, , ,

Mailing Address 205 E Main St

City: Hahira | State: GA | Zip Code: 31632

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Chancy Drugs
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3749.85

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28787

Amount of Each Receipt this Period: 416.65

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chandler, Scott, , ,

Mailing Address 10155 US-431

City: New Hope | State: AL | Zip Code: 35760

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): New Hope Family Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 09 / 18 / 2024
Transaction ID : SA11A.28771

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.65

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Christensen, Barry, , ,

Mailing Address 3526 Tongass Ave

City: Ketchikan | State: AK | Zip Code: 99901

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Island Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28835

Amount of Each Receipt this Period: 100.00

☐ Memo Item

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

Mailing Address 313 Ford St

City: Ford City | State: PA | Zip Code: 16226

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Klingensmith's Drug Store #1
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 19 / 2024
Transaction ID : SA11A.28774

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coates, Denys, , ,

Mailing Address 2445 Northwest Loop

City: Stephenville | State: TX | Zip Code: 76401

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Tanglewood Pharmacy
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28816

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

Image# 202410189698687150

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coker, Jim, , ,

Mailing Address 317 S Main St

City: Rogersville | State: MO | Zip Code: 65742

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Rogersville Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28776

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Conwell, Frank, , ,

Mailing Address 10835 Dauphin Island Pkwy

City: Theodore | State: AL | Zip Code: 36582

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Conwells Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28805

Amount of Each Receipt this Period: 125.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coomes, Steve, , ,

Mailing Address 701 S Hwy 377

City: Aubrey | State: TX | Zip Code: 76227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Aubrey Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 08 / 2024
Transaction ID : SA11A.28743

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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

Image# 202410189698687151

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cottrell, Charles, , ,

Mailing Address 1121 Belleville Ave

City: Brewton | State: AL | Zip Code: 36426

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Medical Center Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3749.85

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28784

Amount of Each Receipt this Period: 416.65

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cushey, Erich, , ,

Mailing Address 305 Main St
Box K

City: Claysville | State: PA | Zip Code: 15323

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Curtis Pharmacy - Claysville
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28840

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dalton, Tyler, , ,

Mailing Address 1636 Club Creek Dr

City: Auburn | State: AL | Zip Code: 36830

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Dalton Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 09 / 24 / 2024
Transaction ID : SA11A.28884

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.65

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

Image# 202410189698687152

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dang, Danny, , ,

Mailing Address 687 9th Ave

City: New York | State: NY | Zip Code: 10036

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Esco Drug Co. Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 4250.00

Date of Receipt: 09 / 14 / 2024
Transaction ID : SA11A.28749

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Darby, David, , ,

Mailing Address 301 Andalusia Villas Dr Ste A

City: Andalusia | State: AL | Zip Code: 36420

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Darby's Village Pharmacy, Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28801

Amount of Each Receipt this Period: 150.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Deatherage, Lauren, , ,

Mailing Address 1201 S Lee St

City: Fort Gibson | State: OK | Zip Code: 74434

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Valu-Med Pharmacy (Fort Gibson)
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28864

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

Image# 202410189698687153

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dhaduk, Jay, , ,

Mailing Address 314 E 204th St

City: Bronx | State: NY | Zip Code: 10467

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Leroy Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 24 / 2024
Transaction ID : SA11A.28883

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donato, Matthew, , ,

Mailing Address 3010 Altama Ave

City: Brunswick | State: GA | Zip Code: 31520

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Golden Isles Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 03 / 2024
Transaction ID : SA11A.28734

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duane, Kevin, , ,

Mailing Address 7307 Main St N

City: Jacksonville | State: FL | Zip Code: 32208

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Panama Pharmacy Inc.
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 06 / 2024
Transaction ID : SA11A.28742

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

Image# 202410189698687154

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dunlap, Brent, , ,

Mailing Address 950 Baker Hwy
Ste 1

City: Huntsville | State: TN | Zip Code: 37756

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Scott County Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28843

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duval, John, , ,

Mailing Address 54 Brookstone Dr

City: Bridgewater | State: MA | Zip Code: 02324

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Duval's Pharmacy, Inc
Occupation (for Individual): Owner

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 09 / 25 / 2024
Transaction ID : SA11A.28289

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ennis, Arthur, , ,

Mailing Address 140 Montevallo Ln

City: Mountain Brk | State: AL | Zip Code: 35213

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Payless Drugs: Morris
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3749.94

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28778

Amount of Each Receipt this Period: 416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 766.66

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

Image# 202410189698687155

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ey, Mark, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Chief Operating Officer, SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28751

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ey, Mark, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Chief Operating Officer, SVP

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28889

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fancher, Justin, , ,

Mailing Address 124 W Renfro St

City: Burleson | State: TX | Zip Code: 76028

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Best Value West Pharmacy
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28856

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freitas, Mark, , ,

Mailing Address 32 W Main St
Ste 2

City: Washingtonville | State: NY | Zip Code: 10992

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Washingtonville Pharmacy
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28848

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fuller, Clive, , ,

Mailing Address 105 N Bascom Ave

City: San Jose | State: CA | Zip Code: 95128

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Bascom Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 12 / 2024
Transaction ID : SA11A.28748

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gatto, John, , ,

Mailing Address 1135 State Route 17C

City: Owego | State: NY | Zip Code: 13827

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): The Owego Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28855

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

Image# 202410189698687157

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gellis, Russell, , ,

Mailing Address 2191 Broadway

City: New York | State: NY | Zip Code: 10024

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Apthorp Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28829

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
George, David, , ,

Mailing Address 14101 N Eastern Ave
Suite A

City: Edmond | State: OK | Zip Code: 73013

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Creative Care Pharmacy
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28810

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Giroux, Stephen, , ,

Mailing Address 81 Telegraph Rd

City: Middleport | State: NY | Zip Code: 14105

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Middleport Family Health Center
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3749.92

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28779

Amount of Each Receipt this Period: 416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 616.66

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

Image# 202410189698687158

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, Craig, , ,

Mailing Address 2300 W FM-544

City: Wylie | State: TX | Zip Code: 75098

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Quality Care Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 03 / 2024
Transaction ID : SA11A.28733

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Graf, Eric, , ,

Mailing Address 2294 Wall Rd

City: Rittman | State: OH | Zip Code: 44270

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Ritzman Pharmacies, Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28793

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 770 Pine St

City: Macon | State: GA | Zip Code: 31201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Graves Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28830

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

Image# 202410189698687159

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greenwood, Robert, , ,

Mailing Address 2104 Kimball Ave

City: Waterloo | State: IA | Zip Code: 50702

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Greenwood on Kimball Ave
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3333.28

Date of Receipt: 09 / 18 / 2024
Transaction ID : SA11A.28770

Amount of Each Receipt this Period: 416.66

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greenwood, Joseph, , ,

Mailing Address 2104 Kimball Ave

City: Waterloo | State: IA | Zip Code: 50702

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Greenwood Drug On Kimball Ave.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 09 / 12 / 2024
Transaction ID : SA11A.28746

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hampton, Lee Ann, , ,

Mailing Address 707 Lamar Ave
Suite B

City: Paris | State: TX | Zip Code: 75460

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Paris Apothecary
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 16 / 2024
Transaction ID : SA11A.28768

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.66

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

Image# 202410189698687160

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harrell, Jeffrey, , ,

Mailing Address PO Box 1635

City: Long Beach | State: WA | Zip Code: 98631

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Illwaco Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3749.94

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28781

Amount of Each Receipt this Period: 416.66

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hauser, Ronna, , ,

Mailing Address 1000 Pecos Ct

City: Allen | State: TX | Zip Code: 75013

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28844

Amount of Each Receipt this Period: 80.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heiser, Justin, , ,

Mailing Address 6701 Evenstad Dr N
Suite 100

City: Maple Grove | State: MN | Zip Code: 55369

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Thrifty White Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 09 / 01 / 2024
Transaction ID : SA11A.28730

Amount of Each Receipt this Period: 80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.66

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

Image# 202410189698687161

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Henry, Holly, , ,

Mailing Address PO Box 3108

City: Friday Harbor | State: WA | Zip Code: 98250

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Friday Harbor Drug Company, Inc.
Occupation (for Individual): President & CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28832

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herring, Henry, , ,

Mailing Address 912 S 16th St

City: Wilmington | State: NC | Zip Code: 28401

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Medical Center Specialty Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28880

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hibbitts, Amy, , ,

Mailing Address 735 N Main St
PO Box 485

City: New Ellenton | State: SC | Zip Code: 29809

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Hibbitts Drug Co
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28817

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

Image# 202410189698687162

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
High, Carter, , ,

Mailing Address 400 S Main St

City: Rhome | State: TX | Zip Code: 76078

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Best Value Rhome Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28872

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hill, Jeffrey, , ,

Mailing Address 330 E 13th St

City: Merced | State: CA | Zip Code: 95341

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Valley Prescription And Compounding Ph
Occupation (for Individual): Owner

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 18 / 2024
Transaction ID : SA11A.28772

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hoey, Brian, , ,

Mailing Address 1104 Emerald Dr

City: Alexandria | State: VA | Zip Code: 22308

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3749.94

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28777

Amount of Each Receipt this Period: 416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.66

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

Image# 202410189698687163

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hoffart, Steve, , ,

Mailing Address 18230 Farm To Market Rd 1488
Ste 100

City: Magnolia | State: TX | Zip Code: 77354

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Magnolia Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1125.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28804

Amount of Each Receipt this Period: 125.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hopkins, Clint, , ,

Mailing Address 3257 Folsom Blvd

City: Sacramento | State: CA | Zip Code: 95816

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Pucci's Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28854

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Horton, Edmund, , ,

Mailing Address 2445 Northwest Loop

City: Stephenville | State: TX | Zip Code: 76401

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Tanglewood Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3749.85

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28783

Amount of Each Receipt this Period: 416.65

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 591.65

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Humphries, Todd, , ,

Mailing Address 600 Bessemer Ave

City: Llano | State: TX | Zip Code: 78643

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Corner Drug Store
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 12 / 2024
Transaction ID : SA11A.28747

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hunt, Thomas, , ,

Mailing Address 6903 Lansdowne Ave

City: Saint Louis | State: MO | Zip Code: 63109

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Lindenwood Drug
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28831

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huntsman, Chad, , ,

Mailing Address 2106 E Andrew Johnson Hwy

City: Morristown | State: TN | Zip Code: 37814

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): College Park Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 09 / 17 / 2024
Transaction ID : SA11A.28769

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jackman, Travis, , ,

Mailing Address 922 E Brigham Rd
4D

City: Saint George | State: UT | Zip Code: 84790

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Desert Canyon
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 27 / 2024
Transaction ID : SA11A.28887

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jensen, Steven, , ,

Mailing Address 930 E Michigan Ave

City: Saline | State: MI | Zip Code: 48176

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Jensen's Community Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 06 / 2024
Transaction ID : SA11A.28740

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Victor, , ,

Mailing Address 3736 Mike Padgett Hwy

City: Augusta | State: GA | Zip Code: 30906

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Living Well Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1890.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28797

Amount of Each Receipt this Period: 210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 360.00

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Joseph, , ,

Mailing Address 498 W Main St

City: Lebanon | State: KY | Zip Code: 40033

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Pats Pharmacy Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28857

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kim, Michael, , ,

Mailing Address 326 E Capitol St NE

City: Washington | State: DC | Zip Code: 20003

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Grubb's Care Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28839

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lassiter, John, , ,

Mailing Address 3252 SE 29th St

City: Oklahoma City | State: OK | Zip Code: 73115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Lassiter Drug
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28802

Amount of Each Receipt this Period: 150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Lee-Wilson, Christine, , ,

Mailing Address 9106 Philadelphia Rd
Ste 100

City: Rosedale | State: MD | Zip Code: 21237

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Professional Pharmacy (MD)

Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024

Transaction ID : SA11A.28862

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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

Lehrman, Craig, , ,

Mailing Address 333 E Lancaster Ave

City: Wynnewood | State: PA | Zip Code: 19096

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Tepper Pharmacy

Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024

Transaction ID : SA11A.28853

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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

Logan, Richard, , ,

Mailing Address 406 S Main St

City: Sikeston | State: MO | Zip Code: 63801

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): L & S Discount Pharmacy

Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 27 / 2024

Transaction ID : SA11A.28886

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

Image# 202410189698687168

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lomenick, Robert, , ,

Mailing Address 145 E Van Dorn Ave

City: Holly Springs | State: MS | Zip Code: 38635

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Tyson Drugs
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 05 / 2024
Transaction ID : SA11A.28738

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Maggy, Mark, , ,

Mailing Address 1165 State Rte 374

City: Dannemora | State: NY | Zip Code: 12929

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Maggy Pharmacy Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28868

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mahmood, Nasir, , ,

Mailing Address 7 Marie Ct

City: Wappingers Falls | State: NY | Zip Code: 12590

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Pine Plains Pharmacy Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28823

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

Image# 202410189698687169

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mandalapu, Sunil, , ,

Mailing Address 698 Amsterdam Ave

City: New York | State: NY | Zip Code: 10025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): New Amsterdam Drug Mart Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28875

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marquess, Jonathan, , ,

Mailing Address 8612 Main St

City: Woodstock | State: GA | Zip Code: 30188

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Woodstock Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3749.85

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28785

Amount of Each Receipt this Period: 416.65

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martin, James, , ,

Mailing Address 1509 S Lamar Blvd Ste 550

City: Austin | State: TX | Zip Code: 78704

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Martin & Martin Pharmacy Consultants,
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 04 / 2024
Transaction ID : SA11A.28736

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.65

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

Image# 202410189698687170

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martin, Beverly, , ,

Mailing Address 8629 Eagle Glen Ter

City: Fairfax Station | State: VA | Zip Code: 22039

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28755

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martin, Beverly, , ,

Mailing Address 8629 Eagle Glen Ter

City: Fairfax Station | State: VA | Zip Code: 22039

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28893

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martin, James, , ,

Mailing Address 107 S 4th St

City: Crockett | State: TX | Zip Code: 75835

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Davy Crockett Drug Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28813

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

Image# 202410189698687171

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCurdy, Ivey, , ,

Mailing Address 42 W Main St

City: Lakeland | State: GA | Zip Code: 31635

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Lakeland Drug Company
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2024
Transaction ID : SA11A.28745

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDowell, Thomas, , ,

Mailing Address 1004 Main St

City: Scotland Neck | State: NC | Zip Code: 27874

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): McDowell's Pharmacy Inc.
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28904

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McIntosh, Larry, , ,

Mailing Address 10227 Hartshill Ln

City: Saint Louis | State: MO | Zip Code: 63128

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Pharmax Pharmacy #1302
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 20 / 2024
Transaction ID : SA11A.28775

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

Image# 202410189698687172

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McNabb, Benjamin, , ,

Mailing Address 805 W Main St

City: Eastland | State: TX | Zip Code: 76448

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Love Oak Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28809

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meredith, Lonnie, , ,

Mailing Address 100 S Ave E

City: Haskell | State: TX | Zip Code: 79521

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): The Drug Store
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28877

Amount of Each Receipt this Period: 30.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moon, Richard, , ,

Mailing Address 863 Fairmount Ave

City: Jamestown | State: NY | Zip Code: 14701

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Pharmacy Innovations
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28795

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 380.00

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

Image# 202410189698687173

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Clay, , ,

Mailing Address 11101 Hefner Pointe Dr

City: Oklahoma City | State: OK | Zip Code: 73120

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Medic Pharmacy Hefner Pointe
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28858

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moose, Ashley, , ,

Mailing Address 215 E Jefferson St

City: Monroe | State: NC | Zip Code: 28112

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Moose Pharmacy Of Monroe
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28790

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morrison, Matthew, , ,

Mailing Address 2401 Central Ave

City: Dodge City | State: KS | Zip Code: 67801

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Gibson's Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28792

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

Image# 202410189698687174

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nelson, Erik, , ,

Mailing Address 1802 N Monroe St
Ste 104

City: Spokane | State: WA | Zip Code: 99205

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Koru Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28766

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Norberg, Eric, , ,

Mailing Address 3 Village Green Way
PO Box 1306

City: Southwest Harbor | State: ME | Zip Code: 04679

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carroll Drug Store
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28866

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Osborn, Bill, , ,

Mailing Address 11 W Central Ave

City: Miami | State: OK | Zip Code: 74354

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Osborn Drugs Inc.
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3749.85

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28786

Amount of Each Receipt this Period: 416.65

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.65

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

Image# 202410189698687175

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ost, Marc, , ,

Mailing Address 810 Welsh Rd

City: Horsham | State: PA | Zip Code: 19044

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Eric's Rx Shoppe
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 2450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28791

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Paganelli, Roger, , ,

Mailing Address 705 E 187th St

City: Bronx | State: NY | Zip Code: 10458

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mt. Carmel Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1800.00

Date of Receipt: 09 / 16 / 2024
Transaction ID : SA11A.28767

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palmer, Lauren, , ,

Mailing Address 704 S 8th St
Ste B

City: McLoud | State: OK | Zip Code: 74851

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): McLoud Clinic Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28849

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

Image# 202410189698687176

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pastorek, Kari, , ,

Mailing Address 38 E 12th St

City: Grafton | State: ND | Zip Code: 58237

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Grafton Drug
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28847

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phan, Chau, , ,

Mailing Address 10603 Bellaire Blvd

City: Houston | State: TX | Zip Code: 77072

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Biocare Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28814

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phipps, Jay, , ,

Mailing Address 205 Hospital Dr

City: Mc Kenzie | State: TN | Zip Code: 38201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Phipps Pharmacy Inc.
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 3249.96

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28780

Amount of Each Receipt this Period: 416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.66

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

Image# 202410189698687177

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pozanek, Keith, , ,

Mailing Address 415 Market St

City: Havre De Grace | State: MD | Zip Code: 21078

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Citizens Pharmacy Services
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28807

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Presley, Neal, , ,

Mailing Address 801 N Main St

City: Brundidge | State: AL | Zip Code: 36010

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Larrys Prescriptions
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28837

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Price, Dared, , ,

Mailing Address 905 Main St

City: Winfield | State: KS | Zip Code: 67156

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Graves Drug
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 2250.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28796

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rabinowitz, Stuart, , ,

Mailing Address 194 Beach 116th St

City: Rockaway Park | State: NY | Zip Code: 11694

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Kings Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2024

Transaction ID : SA11A.28819

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Richards, Fleet, , ,

Mailing Address 932 N Main St

City: Chase City | State: VA | Zip Code: 23924

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): F W Richards Jr Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2024

Transaction ID : SA11A.28869

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Richardson, Jeff, , ,

Mailing Address 470 Valley St
Ste 100

City: Ball Ground | State: GA | Zip Code: 30107

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Ball Ground Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2024

Transaction ID : SA11A.28876

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

Image# 202410189698687179

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riley, Mark, , ,

Mailing Address 20381 Arch Street Pike

City: Little Rock | State: AR | Zip Code: 72206

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Arkansas Pharmacists Association
Occupation (for Individual): Retired

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28828

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roberts, George, , ,

Mailing Address 207 E Main St

City: Remington | State: VA | Zip Code: 22734

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Remington Drug Company
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 675.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28845

Amount of Each Receipt this Period: 75.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sandlin, Fred, , ,

Mailing Address 797 Military St S

City: Hamilton | State: AL | Zip Code: 35570

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Fred's Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1800.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28799

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

Image# 202410189698687180

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, Matthew, , ,

Mailing Address 4057 State Route 3

City: Star Lake | State: NY | Zip Code: 13690

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Adirondack Pharmacy
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28874

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Seiler, Matthew, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Vice President and General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 255.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28756

Amount of Each Receipt this Period: 15.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Seiler, Matthew, , ,

Mailing Address 100 Daingerfield Rd

City: Alexandria | State: VA | Zip Code: 22314

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Vice President and General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 270.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28894

Amount of Each Receipt this Period: 15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

Image# 202410189698687181

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Seymour, John, , ,

Mailing Address 130 W Main St

City: Orange | State: VA | Zip Code: 22960

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Orange Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28851

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shekar, Chandra, , ,

Mailing Address 59 E Eckerson Rd

City: Spring Valley | State: NY | Zip Code: 10977

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): V Care Pharmacy Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28825

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sherrer, Sharon, , ,

Mailing Address 660 Whitlock Ave

City: Marietta | State: GA | Zip Code: 30064

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Pooles Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 02 / 2024
Transaction ID : SA11A.28732

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

Image# 202410189698687182

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Short, Tim, , ,

Mailing Address 2515 Business Dr

City: Cumming | State: GA | Zip Code: 30028

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Sawnee Drug Co
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28834

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Silbaugh, Darrin, , ,

Mailing Address 1300 Bent Creek Blvd
Ste 103

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Harrisburg Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3600.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28788

Amount of Each Receipt this Period: 400.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Rodney, , ,

Mailing Address 105 N Main St

City: Elk City | State: OK | Zip Code: 73644

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Paul Jones Drug
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28850

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

Image# 202410189698687183

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slagle, Karen, , ,

Mailing Address 707 N Bridge St

City: Elkton | State: MD | Zip Code: 21921

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Northside Pharmacy Long Term Care
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 700.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28822

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snead, Rebecca, , ,

Mailing Address 9257 Royal Grant Dr

City: Mechanicsville | State: VA | Zip Code: 23116

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 765.00

Date of Receipt: 09 / 15 / 2024
Transaction ID : SA11A.28752

Amount of Each Receipt this Period: 45.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snead, Rebecca, , ,

Mailing Address 9257 Royal Grant Dr

City: Mechanicsville | State: VA | Zip Code: 23116

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): National Community Pharmacists Associa
Occupation (for Individual): Senior Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 810.00

Date of Receipt: 09 / 30 / 2024
Transaction ID : SA11A.28890

Amount of Each Receipt this Period: 45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 190.00

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

Image# 202410189698687184

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spence, David, , ,

Mailing Address 2301 E Mulberry St

City: Angleton | State: TX | Zip Code: 77515

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Spence's Medical Center Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28826

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanley, Carl, , ,

Mailing Address PO Box 249

City: Gordon | State: GA | Zip Code: 31031

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Gordon Drug Company
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1350.00

Date of Receipt: 09 / 09 / 2024
Transaction ID : SA11A.28744

Amount of Each Receipt this Period: 150.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stone, Rick, , ,

Mailing Address 1401 N Main St

City: Hutchinson | State: KS | Zip Code: 67501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): The Medicine Shoppe Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28806

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

Image# 202410189698687185

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stuart, Michael, , ,

Mailing Address 18565 Business 13

City: Branson West | State: MO | Zip Code: 65737

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Lakeland Pharmacy
Occupation (for Individual): President/CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28803

Amount of Each Receipt this Period: 150.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swartz, Stacey, , ,

Mailing Address 2204 Mt Vernon Ave

City: Alexandria | State: VA | Zip Code: 22301

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Neighborhood Pharmacy of Del Ray
Occupation (for Individual): Co-owner/PIC

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28838

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sykora, Ernie, , ,

Mailing Address 410 S 32nd St

City: Muskogee | State: OK | Zip Code: 74401

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Ernie's Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 03 / 2024
Transaction ID : SA11A.28735

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

Image# 202410189698687186

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tadrus, Christian, , ,

Mailing Address PO Box 957

City: Moberly | State: MO | Zip Code: 65270

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Sam's Health Mart Pharmacy Corporate O
Occupation (for Individual): Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28820

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Todd, Virgil, , ,

Mailing Address PO Box 12978

City: Oklahoma City | State: OK | Zip Code: 73157

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Hope Pharmacy, LLC
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28821

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vasoya, Chhagan, , ,

Mailing Address 752 E Arrow Hwy

City: Pomona | State: CA | Zip Code: 91767

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Express Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 700.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28824

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

Image# 202410189698687187

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vinson, Michael, , ,

Mailing Address 1633 Perry Hill Rd

City: Montgomery | State: AL | Zip Code: 36106

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Adams Drugs
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1800.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28798

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vorac, Nathan, , ,

Mailing Address 114 S State St

City: Geneseo | State: IL | Zip Code: 61254

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Vorac Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28859

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagner, Heather, , ,

Mailing Address 3644 W State Highway 18

City: Manila | State: AR | Zip Code: 72442

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Wagner Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 1350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28800

Amount of Each Receipt this Period: 150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walton, Barry, , ,

Mailing Address 1455 E Center St

City: Kingsport | State: TN | Zip Code: 37664

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Macs Medicine Mart Inc.
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28870

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Dirk, , ,

Mailing Address 117 Granite Creek Rd

City: Sitka | State: AK | Zip Code: 99835

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): White's Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28871

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wienner, Stephen, , ,

Mailing Address 900 Cathedral St

City: Baltimore | State: MD | Zip Code: 21201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mt Vernon Pharmacy
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 350.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28863

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

Image# 202410189698687189

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NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wientjes, Gary, , ,

Mailing Address 2215 Patchen Lake Ln

City: Lexington | State: KY | Zip Code: 40505

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Total Care Pharmacy #6
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 2000.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28794

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wolsoncroft, Lea, , ,

Mailing Address 1933 River Way Dr

City: Hoover | State: AL | Zip Code: 35244

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Remedies Pharmacy
Occupation (for Individual): Pediatric Pharmacist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28833

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodard, Tommy, , ,

Mailing Address 313 3rd St

City: Baton Rouge | State: LA | Zip Code: 70801

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Prescriptions To Geaux
Occupation (for Individual): Owner/Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 21 / 2024
Transaction ID : SA11A.28815

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

TOTAL This Period (last page this line number only) ▶ 18559.87

Image# 202410189698687190

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

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address 505 9TH STREET NW
SUITE 901

City: WASHINGTON | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee: C C00108035

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2024

Transaction ID : SA11C.28907

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

Contribution

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
PAYPAL
Mailing Address 2211 North First St
City: San Jose | State: CA | Zip Code: 95131
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 13 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2105
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
PAYPAL
Mailing Address 2211 North First St
City: San Jose | State: CA | Zip Code: 95131
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2106
Amount of Each Disbursement this Period: 11.97
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
PAYPAL
Mailing Address 2211 North First St
City: San Jose | State: CA | Zip Code: 95131
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2107
Amount of Each Disbursement this Period: 341.26
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 355.73

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 01 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2114
Amount of Each Disbursement this Period: 3.68
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2115
Amount of Each Disbursement this Period: 1.40
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 03 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2116
Amount of Each Disbursement this Period: 6.40
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 11.48

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2117
Amount of Each Disbursement this Period: 3.35
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 05 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2118
Amount of Each Disbursement this Period: 6.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 06 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2119
Amount of Each Disbursement this Period: 6.40
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15.75

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2120
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 09 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2121
Amount of Each Disbursement this Period: 5.25
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2122
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10.25

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2123
Amount of Each Disbursement this Period: 3.90
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 14 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2124
Amount of Each Disbursement this Period: 8.75
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 15 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2125
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15.15

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2126
Amount of Each Disbursement this Period: 6.10
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2127
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2128
Amount of Each Disbursement this Period: 4.35
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12.95

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2129
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 20 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2130
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
SNOWBALL
Mailing Address 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2131
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7.50

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President | State: | District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2132
Amount of Each Disbursement this Period: 3.50
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President | State: | District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 24 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2133
Amount of Each Disbursement this Period: 4.25
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President | State: | District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 25 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2134
Amount of Each Disbursement this Period: 2.50
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10.25

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 27 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2135
Amount of Each Disbursement this Period: 4.25
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): SNOWBALL
Mailing Address: 5600 Wyoming Blvd NE #270
City: Albuquerque | State: NM | Zip Code: 87109
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2136
Amount of Each Disbursement this Period: 1.40
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): STRIPE
Mailing Address: 354 Oyster Point Boulevard
City: San Francisco | State: CA | Zip Code: 94080
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2108
Amount of Each Disbursement this Period: 3.20
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8.85

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
STRIPE
Mailing Address 354 Oyster Point Boulevard
City: San Francisco | State: CA | Zip Code: 94080
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2109
Amount of Each Disbursement this Period: 4.42
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
STRIPE
Mailing Address 354 Oyster Point Boulevard
City: San Francisco | State: CA | Zip Code: 94080
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 25 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2111
Amount of Each Disbursement this Period: 8.95
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
STRIPE
Mailing Address 354 Oyster Point Boulevard
City: San Francisco | State: CA | Zip Code: 94080
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2024
FEC Identification Number: C
Transaction ID : DB21b.2113
Amount of Each Disbursement this Period: 6.10
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 19.47

TOTAL This Period (last page this line number only) ▶ 467.38

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
ANGUS KING FOR U.S. SENATE CAMPAIGN
Mailing Address PO BOX 368
114 MAINE STREET, SUITE 1
City: BRUNSWICK | State: ME | Zip Code: 04011-0368
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: King, Angus, , Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: ME District:
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00516047
Transaction ID : SB23.2058
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
BLAKE MOORE FOR CONGRESS
Mailing Address 358 SOUTH 700 E
B505
City: SALT LAKE CITY | State: UT | Zip Code: 84102
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Moore, Blake, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: UT District: 01
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 19 / 2024
FEC Identification Number: C C00738872
Transaction ID : SB23.2098
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
CASE FOR CONGRESS
Mailing Address PO BOX 2941
City: HONOLULU | State: HI | Zip Code: 96802
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Case, Ed, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: HI District: 01
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00680918
Transaction ID : SB23.2049
Amount of Each Disbursement this Period: 1500.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
CELESTE FOR CONGRESS
Mailing Address P. O. BOX 2410
City: CEDAR CITY | State: UT | Zip Code: 84721
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Maloy, Celeste, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: UT District: 02
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00842765
Transaction ID : SB23.2087
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
CLARKE FOR CONGRESS
Mailing Address PO BOX 250200
City: BROOKLYN | State: NY | Zip Code: 11225
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Clarke, Yvette, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 09
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00415331
Transaction ID : SB23.2057
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT JARED GOLDEN
Mailing Address PO BOX 7108
City: LEWISTON | State: ME | Zip Code: 04240
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Golden, Jared, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: ME District: 02
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00653816
Transaction ID : SB23.2051
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

Image# 202410189698687203

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
DALE STRONG FOR CONGRESS
Mailing Address P.O. BOX 18502
City: HUNTSVILLE | State: AL | Zip Code: 35804
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Strong, Dale, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: AL District: 05
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00774281
Transaction ID : SB23.2089
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
DAN NEWHOUSE FOR CONGRESS
Mailing Address PO BOX 10949
City: YAKIMA | State: WA | Zip Code: 98909-1949
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Newhouse, Dan, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 04
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00559393
Transaction ID : SB23.2085
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
DEREK TRAN FOR CONGRESS
Mailing Address 10441 STANFORD AVENUE, #395
City: GARDEN GROVE | State: CA | Zip Code: 92842
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Tran, Derek, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 45
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00851790
Transaction ID : SB23.2092
Amount of Each Disbursement this Period: 4000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

Image# 202410189698687204

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
DOGGETT FOR CONGRESS
Mailing Address PO BOX 5843
City: AUSTIN | State: TX | Zip Code: 78763
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Doggett, Lloyd, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 37
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00286500
Transaction ID : SB23.2053
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARRASSO
Mailing Address PO BOX 52008
City: CASPER | State: WY | Zip Code: 82605
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Barrasso, John, , Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: WY District:
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00436386
Transaction ID : SB23.2088
Amount of Each Disbursement this Period: 1500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
GALLEGO FOR ARIZONA
Mailing Address PO BOX 1710
City: PHOENIX | State: AZ | Zip Code: 85001
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Gallego, Ruben, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: AZ District: 03
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 19 / 2024
FEC Identification Number: C C00558627
Transaction ID : SB23.2097
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
HOOPS PAC
Mailing Address PO BOX 3314
City: PORTLAND | State: OR | Zip Code: 97208
Purpose of Disbursement: 2024 Contribution
Candidate Name: HOOPS PAC
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2024 [ ] Primary [ ] General [X] Other (specify) ▼ 2024 Contribution
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00392738
Transaction ID : SB23.2086
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
IMPACT
Mailing Address 192 LEXINGTON AVE. SUITE 1001
City: NEW YORK | State: NY | Zip Code: 10016
Purpose of Disbursement: 2024 Contribution
Candidate Name: IMPACT
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2024 [ ] Primary [ ] General [X] Other (specify) 2024 Contribution
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00348607
Transaction ID : SB23.2091
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
JAKE AUCHINCLOSS FOR CONGRESS
Mailing Address P.O. BOX 600698
City: NEWTONVILLE | State: MA | Zip Code: 02460
Purpose of Disbursement: 2024 General
Candidate Name: Auchincloss, Jake, , Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MA District: 04
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) ▼
Date of Disbursement: 09 / 10 / 2024
FEC Identification Number: C C00721449
Transaction ID : SB23.2083
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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

Image# 202410189698687206

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
JEFF CRANK FOR CONGRESS
Mailing Address 9235 N UNION BLVD
STE 150-164
City: COLORADO SPRINGS | State: CO | Zip Code: 80920
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: CRANK, JEFF, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 05
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 24 / 2024
FEC Identification Number: C C00865592
Transaction ID : SB23.2104
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
KAINE FOR VIRGINIA
Mailing Address 1490-5A QUARTERPATH RD
#272
City: WILLIAMSBURG | State: VA | Zip Code: 23185
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Kaine, Tim, , Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: VA District:
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00495358
Transaction ID : SB23.2055
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
MARSHA FOR SENATE
Mailing Address PO BOX 3750
City: BRENTWOOD | State: TN | Zip Code: 37024
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Blackburn, Marsha, , Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: TN District:
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 24 / 2024
FEC Identification Number: C C00376939
Transaction ID : SB23.2102
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
ROSEN FOR NEVADA
Mailing Address PO BOX 46110
City: LAS VEGAS | State: NV | Zip Code: 89114
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Rosen, Jacky, , Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: NV District:
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 17 / 2024
FEC Identification Number: C C00606939
Transaction ID : SB23.2090
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS
Mailing Address PO BOX 23219
City: JEFFERSON | State: LA | Zip Code: 70183-3219
Purpose of Disbursement: 2024 Primary
Category/Type: 011
Candidate Name: Scalise, Steve, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 01
Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 19 / 2024
FEC Identification Number: C C00394957
Transaction ID : SB23.2096
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS
Mailing Address P.O. BOX 5130
City: EVANSTON | State: IL | Zip Code: 60204
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Schakowsky, Jan, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 09
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00327023
Transaction ID : SB23.2050
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS
Mailing Address P.O. BOX 5130
City: EVANSTON | State: IL | Zip Code: 60204
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Schakowsky, Jan, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 09
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 18 / 2024
FEC Identification Number: C C00327023
Transaction ID : SB23.2093
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS
Mailing Address P.O. BOX 5130
City: EVANSTON | State: IL | Zip Code: 60204
Purpose of Disbursement: Banking Error, Returned 09/04/2024 Contribution
Category/Type: 011
Candidate Name: Schakowsky, Jan, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 09
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 11 / 2024
FEC Identification Number: C C00327023
Transaction ID : SB23.2099
Amount of Each Disbursement this Period: – 2500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS
Mailing Address P.O. BOX 5130
City: EVANSTON | State: IL | Zip Code: 60204
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Schakowsky, Jan, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 09
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 24 / 2024
FEC Identification Number: C C00327023
Transaction ID : SB23.2103
Amount of Each Disbursement this Period: 1500.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
TERRI SEWELL FOR CONGRESS
Mailing Address PO BOX 1964
City: BIRMINGHAM | State: AL | Zip Code: 35201
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Sewell, Terri, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: AL District: 07
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00458976
Transaction ID : SB23.2054
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
TERRI SEWELL FOR CONGRESS
Mailing Address PO BOX 1964
City: BIRMINGHAM | State: AL | Zip Code: 35201
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Sewell, Terri, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: AL District: 07
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 18 / 2024
FEC Identification Number: C C00458976
Transaction ID : SB23.2094
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
TERRI SEWELL FOR CONGRESS
Mailing Address PO BOX 1964
City: BIRMINGHAM | State: AL | Zip Code: 35201
Purpose of Disbursement: Banking Error, Returned 09/04/2024 Contribution
Category/Type: 011
Candidate Name: Sewell, Terri, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: AL District: 07
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 11 / 2024
FEC Identification Number: C C00458976
Transaction ID : SB23.2100
Amount of Each Disbursement this Period: – 2500.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

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

Image# 202410189698687210

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

A.
Full Name (Last, First, Middle Initial)
VICENTE GONZALEZ FOR CONGRESS
Mailing Address PO BOX 6270
City: BROWNSVILLE | State: TX | Zip Code: 78523
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Gonzalez, Vicente, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 34
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 04 / 2024
FEC Identification Number: C C00592659
Transaction ID : SB23.2056
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
VICENTE GONZALEZ FOR CONGRESS
Mailing Address PO BOX 6270
City: BROWNSVILLE | State: TX | Zip Code: 78523
Purpose of Disbursement: 2024 General
Category/Type: 011
Candidate Name: Gonzalez, Vicente, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 34
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 18 / 2024
FEC Identification Number: C C00592659
Transaction ID : SB23.2095
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
VICENTE GONZALEZ FOR CONGRESS
Mailing Address PO BOX 6270
City: BROWNSVILLE | State: TX | Zip Code: 78523
Purpose of Disbursement: Banking Error, Returned 09/04/2024 Contribution
Category/Type: 011
Candidate Name: Gonzalez, Vicente, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 34
Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 11 / 2024
FEC Identification Number: C C00592659
Transaction ID : SB23.2101
Amount of Each Disbursement this Period: – 2500.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 51000.00