

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

CITY

STATE

ZIP CODE

C C00030809

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 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), Dec 20 (M12), 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 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 Y Y] in the State of []

5. Covering Period

12 / 01 / 2017 through 12 / 31 / 2017

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

LaViolette, Karry, , Ms.,

Type or Print Name of Treasurer

Signature of Treasurer

LaViolette, Karry, , Ms.,

[Electronically Filed]

Date

02 / 09 / 2018

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Community Pharmacists Association - PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2017"/> | <input type="text"/> | <input type="text" value="142210.70"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="180441.91"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="37843.16"/> | <input type="text" value="490537.17"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="218285.07"/> | <input type="text" value="632747.87"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="61193.88"/> | <input type="text" value="475656.68"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="157091.19"/> | <input type="text" value="157091.19"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Community Pharmacists Association - PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 35063.16 | 402740.17 |
| (ii) Unitemized | 2780.00 | 77797.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 37843.16 | 480537.17 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 10000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 37843.16 | 490537.17 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 37843.16 | 490537.17 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 37843.16 | 490537.17 |

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 | 1193.88 | 12256.68 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1193.88 | 12256.68 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 60000.00 | 462000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 150.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 150.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 1250.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 61193.88 | 475656.68 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 61193.88 | 475656.68 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 37843.16 | 490537.17 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 150.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 37843.16 | 490387.17 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1193.88 | 12256.68 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1193.88 | 12256.68 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

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

Form/Schedule:

Transaction ID:

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Adams, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Frisco Ave
 City Clinton State OK Zip Code 73601-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Salisbury Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-1
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Addison, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 550
 City Fort Sumner State NM Zip Code 88119-0550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Addison Drug Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 201801081053-2
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Akinyoyenu, Titilayo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3839 Minnesota Ave NE
 City Washington State DC Zip Code 20019-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Apex Care Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2017
Transaction ID : 201801081053-3
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1650.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 OF 96 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Alami, Selma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 E State Highway 152
 City Mustang State OK Zip Code 73064-4406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mustang Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-4
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Albert, Stephen, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 201801081053-6
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Albert, Stephen, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 201801081053-5
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Altobelli, Andrew, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 W King St
 City East Berlin State PA Zip Code 17316-9730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Berlin Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-7
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Alvarado, Christopher, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11835 Violet Cv
 City San Antonio State TX Zip Code 78253-6283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakdell Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-8
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Anderson, Kenneth, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 40
 City Preston State IA Zip Code 52069-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 201801081053-9
 Amount of Each Receipt this Period
 365.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 465.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Anthony, Calvin, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1002 S Redlands Rd
 City Stillwater State OK Zip Code 74074-1069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tiger Drug Company Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-10
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Arthur, Bradley, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Tonawanda St
 City Buffalo State NY Zip Code 14207-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Rock Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3346.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-12
 Amount of Each Receipt this Period
 210.00
 Memo Item

C. Avant, Donna, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 309
 City Ehrhardt State SC Zip Code 29081-0309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ehrhardt Pharmacy Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-13
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 360.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Bakar, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Saint Pauls Pl
 City Bronx State NY Zip Code 10456-2122
 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 ▼ 500.00

Date of Receipt 12 / 27 / 2017
Transaction ID : 201801081053-14
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Baker, Timothy, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53 Narragansett Ave
 City Jamestown State RI Zip Code 02835-1138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bakers Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1210.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-15
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Baloh, Amy, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 Route 51, Suite 602
 City Belle Vernon State PA Zip Code 15012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hometown Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-16
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 375.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Bass, John, W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 789
 City Halifax State VA Zip Code 24558-0789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Halifax Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2017
Transaction ID : 201801081053-17
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Bass, John, W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 789
 City Halifax State VA Zip Code 24558-0789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Halifax Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : 201801081053-18
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Bazemore, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 546 / 10 N Poplar St
 City Butler State GA Zip Code 31006-0546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Smiths Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-19
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 13 OF 96 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Belcher, Michele, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 414 SW 6th St
 GRANTS PASS PHARMACY
 City Grants Pass State OR Zip Code 97526-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grants Pass Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-20
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Bellesine, Michael, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 N Vine St
 City El Dorado State KS Zip Code 67042-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Dorado Truecare Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-21
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Berinate, Paulette, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1581 Carol Sue Ave
 Ste E
 City Gretna State LA Zip Code 70056-5100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IV Services Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2017
Transaction ID : 201801081053-22
 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)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Berry, Byron, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 N Main St
 City Carrollton State IL Zip Code 62016-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Plus, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017
Transaction ID : 201801081053-23
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Berry, Byron, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 N Main St
 City Carrollton State IL Zip Code 62016-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Plus, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-24
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Berry, Byron, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 N Main St
 City Carrollton State IL Zip Code 62016-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Plus, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-25
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Berry, Robert, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Kenton Station Dr
 City Maysville State KY Zip Code 41056-9658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason Family Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **12 / 21 / 2017**
Transaction ID : 201801081053-26
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Berryman, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S West St
 City Alexandria State VA Zip Code 22314-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Executive Vice President, Management
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1826.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : 201801081053-28
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Berryman, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S West St
 City Alexandria State VA Zip Code 22314-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Executive Vice President, Management
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1826.00

Date of Receipt **12 / 29 / 2017**
Transaction ID : 201801081053-27
 Amount of Each Receipt this Period 83.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Bhakta, Nilesh, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23811 Hawthorne Blvd
 City Torrance State CA Zip Code 90505-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Remedy Pharm Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-29
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Blackburn, John Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Business Park Cir
 City Stoughton State WI Zip Code 53589-3392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Compliant Pharmacy Alliance Cooperativ Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-30
 Amount of Each Receipt this Period 416.66
 Memo Item

C. Blaire, Michael, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10921 N 140th Way
 City Scottsdale State AZ Zip Code 85259-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diamondback Drugs Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-31
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 566.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Blansett, Ralph, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2006 S Pine St
 Ste F
 City Cabot State AR Zip Code 72023-8179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cabot Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-32
 Amount of Each Receipt this Period
 90.00
 Memo Item

B. Boff, John, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 Merrimon Ave
 City Asheville State NC Zip Code 28804-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Smoky Mountain Apothecaries Inc. #2 Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-33
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Boone, Richard, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 480999
 City Linden State AL Zip Code 36748-0999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Little Drug Company Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-34
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 190.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 18 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Bouvette, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Enterprise Dr
 City Frankfort State KY Zip Code 40601-8585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Pharmacy Services Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 201801081053-35
 Amount of Each Receipt this Period
 1250.00
 Memo Item

B. Bovy, Brent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Main St
 City Reinbeck State IA Zip Code 50669-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reinbeck Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-36
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Boyajian, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 E Main St
 City Gardner State KS Zip Code 66030-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gardner Healthmart Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-37
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Brennan, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 24389
 50 Jet View Dr /
 City Rochester State NY Zip Code 14624-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester Drug Cooperative, Inc. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-38
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. Brian, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 Florida Ave SE
 Ste A
 City Denham Springs State LA Zip Code 70726-3728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) James Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-39
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Brodsky, Mel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 Michener St
 Ste 10
 City Philadelphia State PA Zip Code 19115-4374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Philadelphia Association of Retail Dru Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-40
 Amount of Each Receipt this Period
 25.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Budde, Anthony, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Memorial Ct
 City Highland State IL Zip Code 62249-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-41
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Callahan, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Broadway St Ste A
 City Elsberry State MO Zip Code 63343-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Elsberry Pharmacy, Medicine Shoppe 202 Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-43
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Carrico, Philip, Noel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 638 117 N Imperial Ave /
 City Imperial State CA Zip Code 92251-0638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Community Health Center, Inc. Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : 201801081053-45
 Amount of Each Receipt this Period
 1200.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1350.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 7220 Louis Pasteur Dr
Ste 176

City San Antonio State TX Zip Code 78229-4535

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.60

Date of Receipt
12 / 21 / 2017
Transaction ID : 201801081053-46

Amount of Each Receipt this Period
416.65

Memo Item

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

Mailing Address PO Box 308

City Chetopa State KS Zip Code 67336-0308

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

Name of Employer (for Individual) Riggs Drugs Store Occupation (for Individual) Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
12 / 21 / 2017
Transaction ID : 201801081053-47

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 53 W Main St

City Victor State NY Zip Code 14564-1198

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

Name of Employer (for Individual) Mead Square Pharmacy, Inc. Occupation (for Individual) Owner/Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
12 / 21 / 2017
Transaction ID : 201801081053-48

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 566.65 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Caswell, Brian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Military Ave
 City Baxter Springs State KS Zip Code 66713-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wolkar Drug Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-49
 Amount of Each Receipt this Period
 416.65
 Memo Item

B. Catalano, Charles, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Ardmore Ave
 City Melville State NY Zip Code 11747-4313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C+ S Pharmacy Consultants Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-50
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Chancy, Hugh, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 E Main St
 City Hahira State GA Zip Code 31632-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chancy Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-51
 Amount of Each Receipt this Period
 416.65
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 23 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

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

Mailing Address 324 Main St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-52

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 151

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-54

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO Box 52

| | | |
|---------------------|-------------|------------------------|
| City Locust Fork | State AL | Zip Code 35097-0052 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Locust Fork Pharmacy Llc | Occupation (for Individual) Owner/Manager |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-55

Amount of Each Receipt this Period
25.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 175.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Cobb, William, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Skyline Dr
 Ste B
 City Russellville State AR Zip Code 72801-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cobbs Westside Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-56
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Coble, Van, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 E 14th Ave
 City Winfield State KS Zip Code 67156-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 3C Health Concepts, LLC Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-57
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Cohen, Alan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 Broadway
 City Monticello State NY Zip Code 12701-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Family Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-58
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Collier, Mel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1085
 City Fayetteville State AR Zip Code 72702-1085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Collier Drug- Dickson #1 Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-59
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Cook, Royce, G., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Junction Hwy
 City Kerrville State TX Zip Code 78028-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kerrville Drug Company Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-60
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Coomes, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 S Highway 377
 City Aubrey State TX Zip Code 76227-5534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aubrey Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-61
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Cory, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E Main St
 City Fall River State MA Zip Code 02724-3232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Standard Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-62
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Cottrell, Charles, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 Belleville Ave Ste A
 City Brewton State AL Zip Code 36426-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-63
 Amount of Each Receipt this Period
 416.65
 Memo Item

C. Courtney, Diana, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-64
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 566.65 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 27 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Covello, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 Main St
 City Trenton State NJ Zip Code 08648-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Pharmacy Cooperative Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-65
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cox, Lee Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 NW Sheridan Rd
 City Lawton State OK Zip Code 73505-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawton Heritage Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-66
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cull, Steven, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 965 Highway 127 N
 City Owenton State KY Zip Code 40359-9302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cull Family Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 201801081053-68
 Amount of Each Receipt this Period 365.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 445.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

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

Mailing Address 301 E Three Notch St
Ste A

| | | |
|-------------------|-------------|------------------------|
| City Andalusia | State AL | Zip Code 36420-3124 |
|-------------------|-------------|------------------------|

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017

Transaction ID : 201801081053-71

Amount of Each Receipt this Period
150.00

Memo Item

B. Davis, James, T., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S Main St

| | | |
|--------------------|-------------|------------------------|
| City Columbiana | State AL | Zip Code 35051-5357 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017

Transaction ID : 201801081053-73

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 1139

| | | |
|----------------|-------------|------------------------|
| City Taylor | State TX | Zip Code 76574-1139 |
|----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Pfennigs Prescription Pharmacy | Occupation (for Individual) Owner/Manager |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017

Transaction ID : 201801081053-75

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 29 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. DiCello, Carmen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1819 Mahantongo St
 City Pottsville State PA Zip Code 17901-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Towne Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-76
 Amount of Each Receipt this Period 50.00
 Memo Item

B. DiMaggio, John, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5208 Veterans Memorial Blvd
 City Metairie State LA Zip Code 70006-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patio Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-77
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dixon, Al, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1060
 City Richmond Hill State GA Zip Code 31324-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richmond Hill Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-78
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Dunlap, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Albright Rd
 City Rock Hill State SC Zip Code 29730-6576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South End Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-80
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Epley, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Avery Ave
 City Morganton State NC Zip Code 28655-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jones Health Mart Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-82
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ettare, James, , , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1005
 City Rustburg State VA Zip Code 24588-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rustburg Family Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-83
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Farrell, Michelle, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1028 Wisconsin Ave
 City Boscobel State WI Zip Code 53805-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boscobel Pharmacy Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-84
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Feely, Barry, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8093 N Cornerstone Dr
 City Hayden State ID Zip Code 83835-8753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Man Prairie Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-85
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fitzgerald, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 N Main St
 City Richfield State UT Zip Code 84701-1864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lenny's Richfield Family Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-87
 Amount of Each Receipt this Period 25.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 175.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 32 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Fogleman, Joyce, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 W Saint Louis St
 City West Frankfort State IL Zip Code 62896-2099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J And S Professional Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2017
Transaction ID : 201801081053-88
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Frankil, Robert, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Miner Cir
 City Collegeville State PA Zip Code 19426-2437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sellersville Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-89
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Freeman, Ira, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12660 Riverside Dr Ste 100
 City Valley Village State CA Zip Code 91607-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Key Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-90
 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)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 33 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Futrell, William, R., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 768
 City Jackson State NC Zip Code 27845-0768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Futrell Pharmacy Services Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-91
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Galehouse, Leon, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 S Hackett Rd Ste 300
 City Waterloo State IA Zip Code 50701-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amicare Pharmacy Inc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-92
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Garvin, Cheryl, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Catocin Cir SE Ste C
 City Leesburg State VA Zip Code 20175-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Compounding Center Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-93
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 180.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Gayam, Hemagiri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 Morris Ave
 City Bronx State NY Zip Code 10456-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J & N Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-94
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gellis, Russell, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 BRdway At 78th St
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Apthorp Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-95
 Amount of Each Receipt this Period 100.00
 Memo Item

C. George, David, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 Bradford Pl
 City Blanchard State OK Zip Code 73010-8216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Care Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-96
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Gibson, Aaron, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 Hospital Dr
 City Andrews State TX Zip Code 79714-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prescription Shop Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-97
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Giroux, Stephen, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 188
 City Middleport State NY Zip Code 14105-0188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middleport Family Health Center Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-98
 Amount of Each Receipt this Period 416.65
 Memo Item

C. Giroux, Zachary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 Division St
 City North Tonawanda State NY Zip Code 14120-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wurlitzer Family Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-99
 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)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Gowen, Blake, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1207 Medical Dr SE
 City Decatur State AL Zip Code 35601-4330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sand Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-101
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Graf, Eric, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1065 Medina Rd Ste 300
 City Medina State OH Zip Code 44256-5374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ritzman Pharmacies, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-102
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Graves, David, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Pine St Ste 100
 City Macon State GA Zip Code 31201-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Graves Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-103
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 37 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Greenwood, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2104 Kimball Ave
 City Waterloo State IA Zip Code 50702-5037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenwood Drug, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-104
 Amount of Each Receipt this Period
 416.65
 Memo Item

B. Groesbeck, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 E Main St
 City Streator State IL Zip Code 61364-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Streator Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-105
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Guijarro, Gabriel, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 W Frank Ave
 City Lufkin State TX Zip Code 75904-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Shoppe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-106
 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)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Haas, LuAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 248
 City Nauvoo State IL Zip Code 62354-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nauvoo Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-107
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Hamby, Gregory, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3610 N Major Dr
 City Beaumont State TX Zip Code 77713-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kings Pharmacy Beaumont Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-108
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Hammes, Julie, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 934 Main St
 City Sabetha State KS Zip Code 66534-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sabetha Healthmart Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-109
 Amount of Each Receipt this Period
 25.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 175.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 39 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Han, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4150 Regents Park Row
 Ste 155
 City La Jolla State CA Zip Code 92037-9179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regents Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-111
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Harmison, Joseph, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 152643
 City Arlington State TX Zip Code 76015-8643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harmison Pharmacies, L.C. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-112
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Harmon, Brad, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 159
 City Oblong State IL Zip Code 62449-0159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harmons Health Mart Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-113
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address **PO Box 1635**

| | | |
|---------------------------|--------------------|-------------------------------|
| City Long Beach | State WA | Zip Code 98631-1635 |
|---------------------------|--------------------|-------------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Ilwaco Drugs | Occupation (for Individual) Owner/Manager |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2580.00

Date of Receipt
12 / 21 / 2017

Transaction ID : 201801081053-114

Amount of Each Receipt this Period
215.00

Memo Item

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

Mailing Address **100 Daingerfield Rd**

| | | |
|---------------------------|--------------------|-------------------------------|
| City Alexandria | State VA | Zip Code 22314-2886 |
|---------------------------|--------------------|-------------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
12 / 21 / 2017

Transaction ID : 201801081053-115

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address **160 Business Park Cir**

| | | |
|--------------------------|--------------------|-------------------------------|
| City Stoughton | State WI | Zip Code 53589-3392 |
|--------------------------|--------------------|-------------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) PAAS National | Occupation (for Individual) Owner/Manager |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4999.80

Date of Receipt
12 / 21 / 2017

Transaction ID : 201801081053-117

Amount of Each Receipt this Period
416.65

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 711.65 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Henry, Holly, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City: Seattle State: WA Zip Code: 98115-5918
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Rxtra Care, Inc. Occupation (for Individual): President & CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 1200.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 201801081053-118
 Amount of Each Receipt this Period: 100.00
 Memo Item

B. Herring, Henry, H., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address: 912 S 16th St
 City: Wilmington State: NC Zip Code: 28401-8016
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Medical Center Pharmacy Occupation (for Individual): Owner/Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 201801081053-119
 Amount of Each Receipt this Period: 25.00
 Memo Item

C. Hinkle, Bruce, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address: 1090 9th Ave SW
 City: Bessemer State: AL Zip Code: 35022-4530
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Hinkle Pharmacy Occupation (for Individual): Owner/Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 600.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 201801081053-121
 Amount of Each Receipt this Period: 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 175.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Hoey, Brian, Doug, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Emerald Dr
 City Alexandria State VA Zip Code 22308-2628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Senior Vice President & Chief Operatin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-122
 Amount of Each Receipt this Period
 416.65
 Memo Item

B. Hoffman Beechko, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1842 E Jericho Tpke Unit 1
 City Huntington State NY Zip Code 11743-5757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rx Express Pharmacy Of East Northport Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-123
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Horton, Edmund, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2445 Northwest Loop Ste A
 City Stephenville State TX Zip Code 76401-1705
 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 ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-124
 Amount of Each Receipt this Period
 416.65
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 43 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Hose, Brian, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17316 Shepherdstown Pike
 City Sharpsburg State MD Zip Code 21782-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharpsburg Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-125
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Hughes, Walter, M., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 S Broad St
 City Clinton State SC Zip Code 29325-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sadler-Hughes Apothecary Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-127
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Jackson, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1078
 211 Moody St
 City Mason State TX Zip Code 76856-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Script Shoppe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-128
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Jacobson, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hempstead Ave
 Ste 156
 City Rockville Centre State NY Zip Code 11570-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockville Centre Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-129
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Jernegan, James, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 Mill St
 City New London State WI Zip Code 54961-2153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jernegan's Health Mart Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-130
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Jimenez, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1291
 City Boqueron State PR Zip Code 00622-1291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmacia El Combate Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-131
 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)..... | |

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

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

FOR LINE NUMBER: PAGE 45 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Johnson, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 W Main St
 City Lebanon State KY Zip Code 40033-1362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pats Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-132
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Johnson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 S Main St
 City Colfax State WA Zip Code 99111-1803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tick Klock Drugs Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-133
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Judd, Phillip, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11121 N Rodney Parham Rd Ste 42B
 City Little Rock State AR Zip Code 72212-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Drug Store Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-136
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Juergens, Eric, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 N Fountain Ave
 City Springfield State OH Zip Code 45504-2202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Avenue Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-137
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Kelly, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 Lacey Rd
 City Forked River State NJ Zip Code 08731-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine To Go Pharmacies Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-139
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Kemp, E., Harold, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 S Duval St
 City Claxton State GA Zip Code 30417-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kemps Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-140
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 325.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Kicklighter, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Professional Cir
 Ste B
 City Saint Marys State GA Zip Code 31558-3783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camden Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-141
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Klein, Sherwood, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6133 Route 219 S
 Ste 1004
 City Ellicottville State NY Zip Code 14731-9613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ellicottville Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-142
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Knott, Scottie, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 988 Napoleon Ave
 City Sunset State LA Zip Code 70584-6100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brinkhaus Thrifty Way Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-143
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. La Violette, Karry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-145
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Lassiter, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3252 SE 29th St
 City Del City State OK Zip Code 73115-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lassiter Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-146
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Lavella, Patrick, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 E Warrington Ave
 City Pittsburgh State PA Zip Code 15210-1560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amsler Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-147
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 49 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Lawson, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 2nd St
 City Talihina State OK Zip Code 74571-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawson Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-148
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lawson, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 W 10th St
 City Metropolis State IL Zip Code 62960-2433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metropolis Drug, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 201801081053-149
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lea, Clarence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6708 Westbury Ct
 City Benbrook State TX Zip Code 76132-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-150
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 50 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Lea, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6708 Westbury Ct
 City Benbrook State TX Zip Code 76132-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmeriSourceBergen Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-151
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Lebegern, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1091 General Knox Rd
 City Washington Crossin State PA Zip Code 18977-1359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-152
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Leikach, DeAnna, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Redleaf Rose Ct
 City Reisterstown State MD Zip Code 21136-6046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Finksburg Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-154
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Leikach, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 Frederick Rd
 City Baltimore State MD Zip Code 21228-2375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catonsville Pharmacy Llc Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-155
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Leitner, Lyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3306 A St
 City Lincoln State NE Zip Code 68510-4512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-156
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Letendre, William, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9901 S Wilcrest Dr
 City Houston State TX Zip Code 77099-5132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP Phcy Mgmt Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-157
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 52 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Logan, Richard, N., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406 S Main St
 City Charleston State MO Zip Code 63834-1644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L And S Discount Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-158
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Lueneburg, Bradley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Hassan St SE
 City Hutchinson State MN Zip Code 55350-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Rexall Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-159
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Lumpkin, Keith, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9889
 City Newport Beach State CA Zip Code 92658-1889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Horton & Converse Pharmacies Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-160
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 53 OF 96 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Macioci, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2941 Westchester Ave
 City Bronx State NY Zip Code 10461-4534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pilgrim Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-161
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Marquess, Jonathan, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Allatoona Trace Dr SE
 City Acworth State GA Zip Code 30102-3805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodstock Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-162
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Marsiglia, Phillip, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 631 Cherry Hill Rd
 City Baltimore State MD Zip Code 21225-1228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Baltimore Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-163
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Martin, James, L., , Sr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Golf Crest Ln
 City Lakeway State TX Zip Code 78734-4636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin & Martin Pharmacy Consultants, Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-164
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. McAlanis, George, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 Market St
 City Millersburg State PA Zip Code 17061-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Millersburg Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-165
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. McAnally, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Bridle Path
 City Austin State TX Zip Code 78703-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : 201801081053-166
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. McClimon, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 State St
 City Bellevue State IA Zip Code 52031-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-167
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. McConchie, Leigh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Main St
 City Lake Luzerne State NY Zip Code 12846-6716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stone's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-168
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. McGlynn, Daniel, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Main St
 City Stoughton State WI Zip Code 53589-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGlynn Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-169
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 180.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 56 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. McIntosh, Larry, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10227 Hartshill Ln
 City Saint Louis State MO Zip Code 63128-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmax Pharmacy #1302 Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-170
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. McNeill, Kathy, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 205
 City Reedsville State WV Zip Code 26547-0205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-171
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Meredith, Lonnie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S Avenue E
 City Haskell State TX Zip Code 79521-5711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-172
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Michael, Emad, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 E Grand Ave
 Ste 105
 City El Segundo State CA Zip Code 90245-3871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Antony Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-173
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Milano, Kerry, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 W Esplanade Ave S
 City Metairie State LA Zip Code 70002-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giuffria Inc. /Chateau Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-174
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Miller, Bethany, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W Broadway
 City Red Lion State PA Zip Code 17356-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lion Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-175
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 58 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Miller, David, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Cascade Rd SE
 Ste 50
 City Grand Rapids State MI Zip Code 49546-2177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Keystone Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2017
Transaction ID : 201801081053-176
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Minesinger, Michael, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 N Western Ave
 City Peoria State IL Zip Code 61604-5638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Alwan Pharmacy President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-177
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Miskovsky, Joseph, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Main St
 City Forest City State PA Zip Code 18421-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Red Cross Pharmacy Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-178
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 59 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Monroe, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Elm St
 City Jefferson State IA Zip Code 50129-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicap Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-179
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Moon, Richard, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2535 Johns Pl
 City Jamestown State NY Zip Code 14701-9210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Innovations Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-180
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Moore, Clay, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11101 Hefner Pointe Dr Ste 101
 City Oklahoma City State OK Zip Code 73120-5054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medic Pharmacy Hefner Pointe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-181
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 60 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Moore, Steven, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Montcalm Ave
 City Plattsburgh State NY Zip Code 12901-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Condo Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-182
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Moore, William, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W Sinton St Ste B
 City Sinton State TX Zip Code 78387-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moores Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-183
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Morelli, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 883 9th Ave
 City New York State NY Zip Code 10019-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arrow Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-184
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 61 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Mullins, DeAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Ohio Ave
 City Lynn Haven State FL Zip Code 32444-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mullins Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-185
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Musil, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23620 N 20th Dr Ste 12
 City Phoenix State AZ Zip Code 85085-0621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Apothecary Shops Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-186
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Nairn, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 E Main St
 City Carnegie State PA Zip Code 15106-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AcoRx Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-187
 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)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Nelson, Erik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 W 6th Ave
 City Spokane State WA Zip Code 99204-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sixth Avenue Medical Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-188
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Norberg, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1306
 City Southwest Harbor State ME Zip Code 04679-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carroll Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-189
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Notaro, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1769 Orchard Park Rd
 City West Seneca State NY Zip Code 14224-4624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union Medical Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-190
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 63 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. O'Hare, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Central Ave
 City Canonsburg State PA Zip Code 15317-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jeffrey's Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-191
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Osborn, Bill, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 W Central Ave
 City Miami State OK Zip Code 74354-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Osborn Drugs, Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-192
 Amount of Each Receipt this Period
 416.65
 Memo Item

C. Paganelli, Roger, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 E 187th St
 City Bronx State NY Zip Code 10458-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt. Carmel Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-193
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 666.65 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 64 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Pagnotta, Paul, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 Delaware Ave
 City Delmar State NY Zip Code 12054-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Four Corners Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-194
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Parrish, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 178 S Main St
 City Arab State AL Zip Code 35016-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Latham Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-195
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Patel, Indravadan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 N Harbor Blvd
 City La Habra State CA Zip Code 90631-4847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bi Rite Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-196
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Perkins, Terry, Wayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5308 John F Kennedy Blvd
 Ste 3
 City North Little Rock State AR Zip Code 72116-6779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oak Grove Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 201801081053-197
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Pogany, Peter, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 Park Ave
 City Plainfield State NJ Zip Code 07060-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rapps Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-199
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Presley, Neal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 N Main St
 City Opp State AL Zip Code 36467-1635
 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 ▼ 550.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-200
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 650.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 905 Main St

| | | |
|------------------|-------------|------------------------|
| City Winfield | State KS | Zip Code 67156-3604 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-201

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 808
124 N Crosby

| | | |
|---------------|-------------|------------------------|
| City Tekoa | State WA | Zip Code 99033-0808 |
|---------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-202

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 211 E Stadium

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-203

Amount of Each Receipt this Period
100.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 67 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Pryor, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 E Randolph Ave
 City Enid State OK Zip Code 73701-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scheffe Prescription Shop Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-204
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pusey, Eric, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 Burke Byp
 City Olyphant State PA Zip Code 18447-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicap Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-205
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Quinlan, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 N Main St Ste B
 City Wayland State NY Zip Code 14572-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quinlans Ltc Pharmacy And Quinlans Pha Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-206
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Rabinowitz, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 Beach 116th St
 City Rockaway Park State NY Zip Code 11694-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockaway Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-207
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Raduazzo, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Northern Blvd
 City Greenvale State NY Zip Code 11548-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenvale Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-208
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Rayl, Scott, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 S Huron Ave
 City Harbor Beach State MI Zip Code 48441-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbor Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-209
 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).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 69 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

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

Mailing Address 813 N 2nd St

| | | |
|------------------|-------------|------------------------|
| City Marshall | State IL | Zip Code 62441-1086 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Medicine Shoppe Pharmacy | Occupation (for Individual) Owner/Manager |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 27 | / | 2017 |

Transaction ID : 201801081053-211

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1420 E Evans St

| | | |
|--------------------|-------------|------------------------|
| City Bainbridge | State GA | Zip Code 39819-4336 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Bainbridge Pharmacy Inc. | Occupation (for Individual) Owner/Manager |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-213

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 11240 Stillwater Blvd N

| | | |
|-------------------|-------------|------------------------|
| City Lake Elmo | State MN | Zip Code 55042-9321 |
|-------------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer (for Individual) Lake Elmo Pharmacy | Occupation (for Individual) PIC |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2017 |

Transaction ID : 201801081053-214

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Richards, Fleet, W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 932 N Main St
 City Chase City State VA Zip Code 23924-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F W Richards Jr Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-215
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Riddle, Kristen, Leianne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Museum Rd Ste 6
 City Conway State AR Zip Code 72032-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Home Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-216
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Rigg, Eric, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 W Main St
 City Albion State IL Zip Code 62806-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rigg Family Care Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-217
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 71 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Riley, Mark, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19300 Riley Rd
 City Little Rock State AR Zip Code 72206-9485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Pharmacist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-218
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Rosenfeld, Joel, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 347 SW Main Blvd
 Ste 102
 City Lake City State FL Zip Code 32025-5262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 North Florida Pharmacy Inc. Owner/Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : 201801081053-221
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Rozell, Phillip, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 E Huntsville Rd
 City Fayetteville State AR Zip Code 72701-7329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 R & R Medical, Inc.dba Medical Arts Ph Owner/Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : 201801081053-223
 Amount of Each Receipt this Period
 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1465.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Rule, Michael, Test, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : 201801081053-224
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Rule, Michael, Test, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2017
Transaction ID : 201801081053-225
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Sandlin, Fred, C., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Country Estates Dr
 City Hamilton State AL Zip Code 35570-4843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fred's Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-226
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 73 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Savley, Melody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO B0x 397
 City Nixa State MO Zip Code 65714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alps Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-227
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Schaeper, Rick, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Hamilton Ave
 City Cincinnati State OH Zip Code 45223-2245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schaeper's Northside Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-228
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Schipper, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4815 Vernon Blvd
 City Long Island City State NY Zip Code 11101-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vernon Blvd. Pharmacy, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-229
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 74 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Schule, Tobey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 2nd Ave W
 City Kalispell State MT Zip Code 59901-4488
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sykes Pharmacy Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 201801081053-231
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Schweers, Kevin, Test, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Daingerfield Rd
 City Alexandria State VA Zip Code 22314-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Community Pharmacists Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-232
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Scott, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 211
 4057 St Hwy 3/
 City Star Lake State NY Zip Code 13690-0211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adirondack Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-233
 Amount of Each Receipt this Period
 50.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Selby, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 Teasley Ln
 Ste 100
 City Denton State TX Zip Code 76210-4651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-234
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Seymour, John, Warren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 W Main St
 City Orange State VA Zip Code 22960-1555
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-235
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Shoffner, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Unity Rd
 City Crossett State AR Zip Code 71635-9444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gammel's Clinic Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-237
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 76 OF 96 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Short, Tim, , ,

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

Mailing Address PO Box 835
2515 Business Dr

City Cumming State GA Zip Code 30028-0835

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 21 / 2017
Transaction ID : 201801081053-238

Amount of Each Receipt this Period
100.00

Memo Item

B. Showalter, Nelson, L., ,

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

Mailing Address PO Box 96

City Broadway State VA Zip Code 22815-0096

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

Name of Employer (for Individual) Broadway Drug Store, Inc. Occupation (for Individual) Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 21 / 2017
Transaction ID : 201801081053-239

Amount of Each Receipt this Period
50.00

Memo Item

C. Silbaugh, Darrin, W., ,

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

Mailing Address 120 Willow Lake Dr

City Carlisle State PA Zip Code 17015-9033

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
12 / 21 / 2017
Transaction ID : 201801081053-240

Amount of Each Receipt this Period
200.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 77 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Simons, Troy, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 89
 City Perry State OK Zip Code 73077-0089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Foster Corner Drug Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-241
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Smith, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Erica Dr
 City Indiana State PA Zip Code 15701-8940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-242
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Smith, Randall, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 460 N Franklin Ave
 City Colby State KS Zip Code 67701-2326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Palace Drug Store Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-243
 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)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Smith Cooney, Stephanie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 105
 City Danville State PA Zip Code 17821-0105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gatti Pharmacy Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-244
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Spence, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 E Mulberry St
 City Angleton State TX Zip Code 77515-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Shoppe Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-245
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Spoon, James, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 N Old North Pl
 City Sand Springs State OK Zip Code 74063-8985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spoon Drug / T.R.B. Drugs, Inc. Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-247
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 79 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Stevens, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 746
 City Canyonville State OR Zip Code 97417-0746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gordons Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-248
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Stuart, Michael, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18565 Business 13
 City Branson West State MO Zip Code 65737-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeland Pharmacy Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-250
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Thomas, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 327 Main St
 City Meyersdale State PA Zip Code 15552-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F B Thomas Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-251
 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)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Todd, Virgil, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2617 General Pershing Blvd
 City Oklahoma City State OK Zip Code 73107-6437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthCare Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-253
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Toomajian, James, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 19th St
 City Watervliet State NY Zip Code 12189-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Watervliet Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-254
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Turner, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 W Commercial St
 City Inola State OK Zip Code 74036-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inola Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-255
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Umfleet, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 N Cowling St
 Ste G
 City Desloge State MO Zip Code 63601-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkland Health Mart Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-256
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Vasoya, Chhagan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 752 E Arrow Hwy
 City Pomona State CA Zip Code 91767-2247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Express Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-257
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Vaughan, Carey, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 Commerce Dr
 Ste 110
 City Greensboro State GA Zip Code 30642-7444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Country Pharmacy & Compounding Ce Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-258
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Veeramachanani, Rathna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Saint Nicholas Ave
 City Brooklyn State NY Zip Code 11237-4043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Jude Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-259
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Vena, Victor, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1322 W State St
 City Olean State NY Zip Code 14760-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vic Vena Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-260
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Vickers, Evan, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 N Main St
 City Cedar City State UT Zip Code 84720-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bullochs Drug Store Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-261
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 177 Middletown Rd
Ste 2

City Fairmont State WV Zip Code 26554-8254

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

Name of Employer (for Individual) White Hall Pharmacy Occupation (for Individual) PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2017
Transaction ID : 201801081053-262

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 934 Adams Ave

City Montgomery State AL Zip Code 36104-4422

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-263

Amount of Each Receipt this Period 200.00

Memo Item

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

Mailing Address 114 S State St

City Geneseo State IL Zip Code 61254-1348

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-264

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)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 96 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Watts, Scott, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 32007
 City Juneau State AK Zip Code 99803-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rons Apothecary Shoppe Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-265
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wear, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 305
 City Carthage State IL Zip Code 62321-0305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wear Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-266
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Weiner, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8920 W State Road 84
 City Davie State FL Zip Code 33324-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neighborhood Drug Of Davie Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-267
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 85 OF 96 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. White, Dirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Halibut Point Rd
 City Sitka State AK Zip Code 99835-7354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whites Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-268
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Whittier, Mark, Alexander, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Saint Olaf Ave N
 City Canby State MN Zip Code 56220-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Canby Drug Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : 201801081053-269
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Wilson, Justin, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 S Douglas Blvd Ste A
 City Midwest City State OK Zip Code 73130-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valu-Med Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-270
 Amount of Each Receipt this Period
 200.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 650.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 86 OF 96 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Wilson, Lonny, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 16430
 City Oklahoma City State OK Zip Code 73113-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Providers of Oklahoma, Inc. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-271
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Wingo, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Parade St NW Ste 100
 City Huntsville State AL Zip Code 35806-4848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Drugs Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-272
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Wood, James, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3868 Highway 431
 City Roanoke State AL Zip Code 36274-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emerging Home Care Pharmacy Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 21 / 2017
Transaction ID : 201801081053-273
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 96 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Yu, Rong Tian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 37 41st Ave
 City Long Island City State NY Zip Code 11101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Queensbridge Plaza Pharmacy Corp Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-274
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Zint, Eric, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 Jefferson St
 City Greenfield State OH Zip Code 45123-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corner Pharmacy LLC Occupation (for Individual) Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2017
Transaction ID : 201801081053-275
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 100.00 |
| TOTAL This Period (last page this line number only)..... | 35063.16 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

Full Name (Last, First, Middle Initial)

A. Bankcard

Mailing Address 28720 Roadside Dr
#229

City Agoura Hills State CA Zip Code 91301

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V71169FC5E1
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Fifth Third

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : V65771192191
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. America Works PAC | | Date of Disbursement MM / DD / YYYY 12 / 12 / 2017 |
| Mailing Address 208 I Street NE | | FEC Identification Number C 000331694 Transaction ID : 3267C291CAI Amount of Each Disbursement this Period 5000.00 |
| City Washington | State DC | Zip Code 20003 |
| Purpose of Disbursement 2017 Contribution | | 011 Category/ Type |
| Candidate Name America Works PAC | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Biggs For Congress | | Date of Disbursement MM / DD / YYYY 12 / 12 / 2017 |
| Mailing Address 228 S Washington St Suite 115 | | FEC Identification Number C 000610451 Transaction ID : 6EBE0B3A3C Amount of Each Disbursement this Period 1000.00 |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement 2018 Primary | | 011 Category/ Type |
| Candidate Name Biggs, Andrew, S., , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: AZ District: 05 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Buddy PAC | | Date of Disbursement MM / DD / YYYY 12 / 07 / 2017 |
| Mailing Address 824 S Milledge Ave Ste 101 | | FEC Identification Number C 000597062 Transaction ID : F32A7BECD Amount of Each Disbursement this Period 5000.00 |
| City Athens | State GA | Zip Code 30605 |
| Purpose of Disbursement 2017 Contribution | | 011 Category/ Type |
| Candidate Name Buddy PAC | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution | |
| State: District: | | |

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

A. Cummings For Congress Campaign Committee

Full Name (Last, First, Middle Initial)
Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement 2018 Primary

Candidate Name Cummings, Elijah, E., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 07

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C00310318
Transaction ID : 99B5A460BB
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Dan Lipinski For Congress

Full Name (Last, First, Middle Initial)
Dan Lipinski For Congress

Mailing Address P.O. Box 520

City Western Springs State IL Zip Code 60558

Purpose of Disbursement 2018 Primary

Candidate Name Lipinski, Daniel, William, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 03

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C00405431
Transaction ID : D7AAF2B9DF
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

C. Diana DeGette for Congress

Full Name (Last, First, Middle Initial)
Diana DeGette for Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement 2018 Primary

Candidate Name DeGette, Diana, L., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CO District: 01

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C00311639
Transaction ID : 40F8B9A276
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

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

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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Dutch Ruppensberger For Congress Committee | | Date of Disbursement MM / DD / YYYY 12 / 18 / 2017 |
| Mailing Address PO Box 231 | | FEC Identification Number C 000376673 Transaction ID : DD40B63B43 Amount of Each Disbursement this Period - 1000.00 |
| City Lutherville | State MD | Zip Code 21094 |
| Purpose of Disbursement Uncashed 10/21/2017 contribution | | 011 Category/ Type |
| Candidate Name Ruppensberger, C.A., Dutch, , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MD | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dutch Ruppensberger For Congress Committee | | Date of Disbursement MM / DD / YYYY 12 / 19 / 2017 |
| Mailing Address PO Box 231 | | FEC Identification Number C 000376673 Transaction ID : FA71F31B148 Amount of Each Disbursement this Period 1000.00 |
| City Lutherville | State MD | Zip Code 21094 |
| Purpose of Disbursement 2018 Primary | | 011 Category/ Type |
| Candidate Name Ruppensberger, C.A., Dutch, , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MD | District: 02 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Gregg Harper For Congress | | Date of Disbursement MM / DD / YYYY 12 / 07 / 2017 |
| Mailing Address Post Office Box 54344 | | FEC Identification Number C 000441295 Transaction ID : 90FEF0B1CE Amount of Each Disbursement this Period 2500.00 |
| City Pearl | State MS | Zip Code 39288 |
| Purpose of Disbursement 2018 Primary | | 011 Category/ Type |
| Candidate Name Harper, Gregg, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MS | District: 03 | |

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

Full Name (Last, First, Middle Initial)

A. I-PAC

Mailing Address 1304 Quincy Street

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name

I-PAC

Office Sought: House Senate President

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00455840
Transaction ID : 623FB580E1C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeff Fortenberry For United States Congress

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Fortenberry, Jeffrey, Lane, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NE District: 01

Date of Disbursement

/ /

FEC Identification Number

C C00395467
Transaction ID : 3D9CEBC993
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name

Majority Committee PAC--Mc PAC

Office Sought: House Senate President

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00428052
Transaction ID : EDBDC22FB
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Manchin, Joseph, , III

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

State: WV District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2017

FEC Identification Number

C C00486563

Transaction ID : ED4721C80E
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Maple PAC

Mailing Address PO Box 5564

City Burlington State VT Zip Code 05402

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
Maple PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number

C C00542621

Transaction ID : 5ED7EEE5ED
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Tester, Jon, ,

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

State: MT District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number

C C00412304

Transaction ID : D6F6DA3FF3
Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

A. New Democrat Coalition PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 700 13Th Street, NW
Suite 600

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 07 | | 2017 |

City Washington State DC Zip Code 20005

FEC Identification Number

Purpose of Disbursement
2017 Contribution

| | |
|---|-----------|
| C | C00409730 |
|---|-----------|

Candidate Name
New Democrat Coalition PAC

| |
|-------------------|
| 011 |
| Category/ Type |

Transaction ID : BDFCEFA0F
Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) Contribution

| |
|---------|
| 5000.00 |
|---------|

Memo Item

B. Shore PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 3157

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 12 | | 2017 |

City Long Branch State NJ Zip Code 07740

FEC Identification Number

Purpose of Disbursement
2017 Contribution

| | |
|---|-----------|
| C | C00410308 |
|---|-----------|

Candidate Name
Shore PAC

| |
|-------------------|
| 011 |
| Category/ Type |

Transaction ID : 428378557474
Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) Contribution

| |
|---------|
| 2500.00 |
|---------|

Memo Item

C. The Committee To Elect Jack Volpato

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 207 S Canal

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 12 | | 2017 |

City Carlsbad State NM Zip Code 88220

FEC Identification Number

Purpose of Disbursement
2018 Primary

| | |
|---|-----------|
| C | C00656066 |
|---|-----------|

Candidate Name
Volpato, Jack, , ,

| |
|-------------------|
| 011 |
| Category/ Type |

Transaction ID : 6E336E5955!
Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

| |
|---------|
| 5000.00 |
|---------|

Memo Item

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

| |
|----------|
| 12500.00 |
|----------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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

Full Name (Last, First, Middle Initial)

A. The Hawkeye PAC

Mailing Address PO Box 156

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
The Hawkeye PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Contribution

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

FEC Identification Number
C C00379479
Transaction ID : 785BFC65681
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address 410 1St St, SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Cardenas, Tony, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

FEC Identification Number
C C00498873
Transaction ID : 34B3A09E94E
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Treasure State PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
Treasure State PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Contribution

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

FEC Identification Number
C C00433680
Transaction ID : 580D28C5CE
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Trey For Congress

Mailing Address PO Box 421

City
Jeffersonville

State
IN

Zip Code
47130

Purpose of Disbursement
2018 Primary

011

Candidate Name

Hollingsworth, Trey, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 04 | | | 2017 | | | |

FEC Identification Number

C C00590463

Transaction ID : CF2B1EC15E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City
Collinsville

State
IL

Zip Code
62234-0661

Purpose of Disbursement
2018 Primary

011

Candidate Name

Shimkus, John, M., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 15

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 28 | | | 2017 | | | |

FEC Identification Number

C C00258855

Transaction ID : AA898879320

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland Park

State
KS

Zip Code
66225-6742

Purpose of Disbursement
2018 Primary

011

Candidate Name

Yoder, Kevin, Wayne, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2017 | | | |

FEC Identification Number

C C00472365

Transaction ID : D5323E617B

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)..... ▶

60000.00