

**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

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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

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

**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

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

**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

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

**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)..... ▶