

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

National Community Pharmacists Association - PAC

ADDRESS (number and street) 100 Daingerfield Road

Check if different than previously reported. (ACC) Alexandria VA 22314-2885

2. **FEC IDENTIFICATION NUMBER** ▼ C C00030809 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 M / D 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 M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013

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

Type or Print Name of Treasurer Ms. Karry LaViolette

Signature of Treasurer Ms. Karry LaViolette [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		430194.33
(b) Cash on Hand at Beginning of Reporting Period.....	469420.01	
(c) Total Receipts (from Line 19) .....	44176.60	432621.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	513596.61	862815.50
7. Total Disbursements (from Line 31).....	73661.66	422880.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	439934.95	439934.95
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	41746.60	356162.17
(ii) Unitemized .....	2430.00	72417.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44176.60	428579.17
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	44176.60	429579.17
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	42.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3000.00
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))..... ▶	44176.60	432621.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44176.60	432621.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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 .....	1161.66	11930.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1161.66	11930.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	410500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	450.00
(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	450.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	73661.66	422880.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73661.66	422880.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	44176.60	429579.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44176.60	429129.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1161.66	11930.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	42.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1161.66	11888.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 122
	<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 (Last, First, Middle Initial) <b>A. Greg Adams</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-65</b>
Mailing Address 815 Frisco Ave			Amount of Each Receipt this Period 150.00
City Clinton	State OK	Zip Code 73601-3322	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00	
Name of Employer Salisbury Pharmacy		Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Julian Ray Adams Jr.</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-66</b>
Mailing Address 922 Ohio Ave			Amount of Each Receipt this Period 100.00
City Lynn Haven	State FL	Zip Code 32444-2354	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00	
Name of Employer Adams Pharmacy Inc		Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Aimee Aday</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-67</b>
Mailing Address 2800 Highway 101			Amount of Each Receipt this Period 50.00
City Rogersville	State AL	Zip Code 35652	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00	
Name of Employer Crossroads Pharmacy		Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 7 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Kenneth W. Aday Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 Highway 101  
 City Rogersville State AL Zip Code 35652  
 Date of Receipt: 12 / 19 / 2013  
**Transaction ID : 20140108121459-68**  
 Amount of Each Receipt this Period: 500.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Crossroads Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**B. Colleen A. Agan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Rd  
 City Alexandria State VA Zip Code 22314-6302  
 Date of Receipt: 12 / 12 / 2013  
**Transaction ID : 20140108121459-23**  
 Amount of Each Receipt this Period: 21.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer National Community Pharmacists Associa Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

**C. Colleen A. Agan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Rd  
 City Alexandria State VA Zip Code 22314-6302  
 Date of Receipt: 12 / 30 / 2013  
**Transaction ID : 20140108121459-22**  
 Amount of Each Receipt this Period: 21.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer National Community Pharmacists Associa Occupation Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.00  
**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 8 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Stephen C. Albert</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2013 <b>Transaction ID : 20140108121459-25</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 42.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		
Name of Employer National Community Pharmacists Associa	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen C. Albert</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2013 <b>Transaction ID : 20140108121459-24</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 42.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		
Name of Employer National Community Pharmacists Associa	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen J. Amato</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-69</b>
Mailing Address 938 Patricia Ave		Amount of Each Receipt this Period 100.00
City Dunedin	State FL	Zip Code 34698-6023
FEC ID number of contributing federal political committee. C		
Name of Employer Medicine Shoppe	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.00
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert M. Amity Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Scalp Ave

City Johnstown State PA Zip Code 15904-3036

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

Name of Employer East Hills Family Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-70**

Amount of Each Receipt this Period  
 500.00

**B. Kenneth J. Anderson**  
Full Name (Last, First, Middle Initial)

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 Anderson Phcy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013  
**Transaction ID : 20140108121459-31**

Amount of Each Receipt this Period  
 250.00

**C. Calvin J. Anthony**  
Full Name (Last, First, Middle Initial)

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 Tiger Drug Company Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-71**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Bradley J. Arthur</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-72</b>
Mailing Address 431 Tonawanda St		Amount of Each Receipt this Period 100.00
City Buffalo	State NY	Zip Code 14207-2625
FEC ID number of contributing federal political committee. C	Name of Employer Black Rock Pharmacy	
Occupation Owner/Manager		Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Donald W. Arthur Jr.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-73</b>
Mailing Address 935 Brighton Rd		Amount of Each Receipt this Period 100.00
City Tonawanda	State NY	Zip Code 14150-8113
FEC ID number of contributing federal political committee. C	Name of Employer Brighton Pharmacy	
Occupation Owner/Manager		Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Larry Bailey</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-74</b>
Mailing Address 711 Main St		Amount of Each Receipt this Period 50.00
City Johnson City	State NY	Zip Code 13790-1743
FEC ID number of contributing federal political committee. C	Name of Employer The Pharmacy	
Occupation Owner/Manager		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Shelley Bailey</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2013 <b>Transaction ID : 20140108121459-20</b>
Mailing Address 538 SW 4th Ave		Amount of Each Receipt this Period 2500.00
City Portland	State OR	Zip Code 97204-2102
FEC ID number of contributing federal political committee. C	Name of Employer Central Drugs	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy E. Baker</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-75</b>
Mailing Address 53 Narragansett Ave		Amount of Each Receipt this Period 75.00
City Jamestown	State RI	Zip Code 02835-1100
FEC ID number of contributing federal political committee. C	Name of Employer Baker's Pharmacy of Jamestown	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Steve K. Balas</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-76</b>
Mailing Address 702 S McCarty Ave		Amount of Each Receipt this Period 150.00
City Eagle Lake	State TX	Zip Code 77434-3212
FEC ID number of contributing federal political committee. C	Name of Employer Eagle Lake Drug Store	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2725.00
<b>TOTAL</b> 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 12 OF 122
	(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

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

**A. Ralph W. Balchin**  
Full Name (Last, First, Middle Initial)

Mailing Address 575 Glynn St N

City Fayetteville State GA Zip Code 30214-1198

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

Name of Employer Jones Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-77**

Amount of Each Receipt this Period  
 100.00

**B. Ajay Barthwal**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Perrine Rd Ste 200B

City Old Bridge State NJ Zip Code 8857

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

Name of Employer Old Bridge Drugs Occupation 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 / 05 / 2013  
**Transaction ID : 20140108121459-33**

Amount of Each Receipt this Period  
 500.00

**C. Delane M. Bassett**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 E Davis St

City Luling State TX Zip Code 78648-2316

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

Name of Employer Luling Discount Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-79**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert J. Bazemore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 546  
 / 10 N Poplar St  
 City State Zip Code  
 Butler GA 31006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Smiths Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-80**  
 Amount of Each Receipt this Period  
 50.00

**B. James M. Beatty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 745 Ross Ln  
 City State Zip Code  
 Bound Brook NJ 08805-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Buy-Sell A Pharmacy.Com 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 / 19 / 2013  
**Transaction ID : 20140108121459-81**  
 Amount of Each Receipt this Period  
 25.00

**C. Michele M. Belcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 SW 6th St  
 City State Zip Code  
 Grants Pass OR 97526-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Grants Pass Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-82**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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 14 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael R. Bellesine**

Mailing Address 205 N Vine St

City State Zip Code  
 El Dorado KS 67042-2055

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

Name of Employer Occupation  
 El Dorado Truecare Phcy 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 / 19 / 2013  
**Transaction ID : 20140108121459-83**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Stephen E. Benefiel**

Mailing Address 116 W Court St

City State Zip Code  
 Paris IL 61944-1735

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

Name of Employer Occupation  
 Pearman Pharmacy, Inc 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 / 05 / 2013  
**Transaction ID : 20140108121459-34**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Stephen P. Bernardi**

Mailing Address 577 Main St

City State Zip Code  
 Waltham MA 02452-5527

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

Name of Employer Occupation  
 Johnson Compounding & Wellness Center 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 / 17 / 2013  
**Transaction ID : 20140108121459-35**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 15 OF 122
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Byron Berry Jr.**

Mailing Address 508 N Main St

City State Zip Code  
Carrollton IL 62016-1027

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

Name of Employer Occupation  
Pharmacy Plus, Inc. 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 / 19 / 2013  
**Transaction ID : 20140108121459-84**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Lance Bien**

Mailing Address 222 S Main St

City State Zip Code  
Milbank SD 57252-1809

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

Name of Employer Occupation  
Bien Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-85**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Paul Bivens**

Mailing Address PO Box 927  
619 W 2nd

City State Zip Code  
Clarendon TX 79226-0927

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

Name of Employer Occupation  
Clarendon Outpost Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-86**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jay Blackburn**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 Business Park Cir

City Stoughton State WI Zip Code 53589

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

Name of Employer CPA Occupation VP Operations

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 / 19 / 2013  
**Transaction ID : 20140108121459-58**

Amount of Each Receipt this Period  
**100.00**

**B. Michael R. Blaie**  
Full Name (Last, First, Middle Initial)

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 Diamondback Drugs Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-87**

Amount of Each Receipt this Period  
**100.00**

**C. Michelle D. Blanton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1616 E Main St

City Humboldt State TN Zip Code 38343-2904

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

Name of Employer Duvall Drugs Inc Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-88**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bill Bloodworth**  
Full Name (Last, First, Middle Initial)

Mailing Address 904 Autumn Rd

City Little Rock State AR Zip Code 72211-3857

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

Name of Employer Park West Pharmacy Occupation 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 / 05 / 2013  
**Transaction ID : 20140108121459-36**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 294 Lee Hwy

City Verona State VA Zip Code 24482-2500

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

Name of Employer Verona Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-89**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 760 Merrimon Ave

City Asheville State NC Zip Code 28804-2451

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

Name of Employer Smoky Mountain Apothecaries Inc #2 Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-90**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Frederick J. Bonchosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1238 National Pike  
 City Hopwood State PA Zip Code 15445-0090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rx Plus Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-91**  
 Amount of Each Receipt this Period  
 100.00

**B. Sam Boyajian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 E Main St  
 City Gardner State KS Zip Code 66030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gardner Healthmart Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-92**  
 Amount of Each Receipt this Period  
 100.00

**C. Joe Brennan**  
 Full Name (Last, First, Middle Initial)  
 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 Rochester Drug Cooperative, Inc. Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-59**  
 Amount of Each Receipt this Period  
 20.00

**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:	PAGE 19 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Richard P. Brisson</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-93</b>
Mailing Address 132 Alden Rd		Amount of Each Receipt this Period 100.00
City Fairhaven	State MA	Zip Code 2719
FEC ID number of contributing federal political committee. C	Name of Employer PharmaHealth Pharmacy	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Sally M. Brooks-Higginbotham</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-95</b>
Mailing Address PO Box 414		Amount of Each Receipt this Period 100.00
City Lakeville	State NY	Zip Code 14480-0414
FEC ID number of contributing federal political committee. C	Name of Employer Livonia Pharmacy	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Bruckart</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 <b>Transaction ID : 20140108121459-26</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 25.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer National Community Pharmacists Associa	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Anthony T. Budde Sr.**

Mailing Address 76 Memorial Ct

City Highland State IL Zip Code 62249

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

Name of Employer Occupation  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-96**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Donnie R. Calhoun**

Mailing Address 1525 Greenbriar Road

City Anniston State AL Zip Code 36207

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

Name of Employer Occupation  
 Calhoun Compounding Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-97**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Jerry Callahan**

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 Occupation  
 Elsberry Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-98**

Amount of Each Receipt this Period  
 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jennifer Caloia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 E. Main St.  
 City Morrisville State NY Zip Code 13408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dougherty Pharmacy Occupation 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 / 05 / 2013  
**Transaction ID : 20140108121459-39**  
 Amount of Each Receipt this Period  
 500.00

**B. Donald Cantalino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Forest Ave  
 Glen Cove Chemists  
 City Glen Cove State NY Zip Code 11542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Glen Cove Chemists Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-99**  
 Amount of Each Receipt this Period  
 100.00

**C. Jeff Carson**  
 Full Name (Last, First, Middle Initial)  
 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 Oakdell Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-100**  
 Amount of Each Receipt this Period  
 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. John R. Carson**

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 Oakdell Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-101**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. David Carter**

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 Riggs Drugs Store Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-102**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**c. Charles E. Carvajal**

Mailing Address 19 Orsinger HI

City San Antonio State TX Zip Code 78230-1500

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

Name of Employer Carvajal Pharmacy CS Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-103**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Brian Caswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2303 Military Ave  
 City State Zip Code  
 Baxter Springs KS 66713-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wolkar Drug Inc President  
 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 / 18 / 2013  
**Transaction ID : 20140108121459-105**  
 Amount of Each Receipt this Period  
 150.00

**B. Brian Caswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2303 Military Ave  
 City State Zip Code  
 Baxter Springs KS 66713-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wolkar Drug Inc President  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-104**  
 Amount of Each Receipt this Period  
 150.00

**C. Nolton W. Causey Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 Bienville St  
 City State Zip Code  
 Natchitoches LA 71457-5702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Causey's Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-106**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hugh M. Chancy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 E Main St  
 City Hahira State GA Zip Code 31632-1121  
 Name of Employer Chancy Drugs Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 19 / 2013  
**Transaction ID : 20140108121459-107**  
 Amount of Each Receipt this Period 100.00

**B. Keith E. Chapman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Lee St  
 City Jefferson State GA Zip Code 30549  
 Name of Employer Jefferson Drugs Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 19 / 2013  
**Transaction ID : 20140108121459-108**  
 Amount of Each Receipt this Period 50.00

**C. Rick Chester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 N Pacific Hwy  
 City Talent State OR Zip Code 97540-9637  
 Name of Employer Medicap Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 19 / 2013  
**Transaction ID : 20140108121459-109**  
 Amount of Each Receipt this Period 100.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 122
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Vincent Chiffy**

Mailing Address 350 Leland Ave

City State Zip Code  
Utica NY 13502

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

Name of Employer Occupation  
Parkway Drugs PRESIDENT

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 / 19 / 2013  
**Transaction ID : 20140108121459-110**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Barry Christensen**

Mailing Address 3526 Tongass Ave

City State Zip Code  
Ketchikan AK 99901-5635

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

Name of Employer Occupation  
Island 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 / 19 / 2013  
**Transaction ID : 20140108121459-111**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**c. David J. Cippel**

Mailing Address PO Box 151

City State Zip Code  
Ford City PA 16226-0151

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

Name of Employer Occupation  
Klingensmith's Drug Store President

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 / 19 / 2013  
**Transaction ID : 20140108121459-112**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Johnny Hoyt Cleveland**  
 Full Name (Last, First, Middle Initial)  
 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 Locust Fork Pharmacy Llc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-113**  
 Amount of Each Receipt this Period  
 25.00

**B. James E. Coast**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 207  
 City Cimarron State KS Zip Code 67835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clark Pharmacy Inc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-114**  
 Amount of Each Receipt this Period  
 416.66

**C. Ernest Nicholas Coccia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 W Moyamensing Ave  
 City Philadelphia State PA Zip Code 19148-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Center Apothecary Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-115**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	491.66
<b>TOTAL</b> 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 27 OF 122
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Alan B. Cohen**

Mailing Address 524 BRdway

City Monticello State NY Zip Code 12701-1154

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

Name of Employer The Family Drug Store Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-116**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Steve Coomes**

Mailing Address 701 S Highway 377

City Aubrey State TX Zip Code 76227

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

Name of Employer Community Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-117**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**c. Thomas Cory**

Mailing Address 389 Stafford Rd

City Fall River State MA Zip Code 02721-2556

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

Name of Employer Standard Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-118**

Amount of Each Receipt this Period  
**100.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles D. Cottrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1121 Belleville Ave  
 Ste A  
 City Brewton State AL Zip Code 36426-1505  
 Name of Employer Medical Center Pharmacy Occupation Owner/Manager  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-119**  
 Amount of Each Receipt this Period  
 416.66

**B. Lee Ann Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1823 W Gore Blvd  
 City Lawton State OK Zip Code 73507  
 Name of Employer Lawton Heritage Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-120**  
 Amount of Each Receipt this Period  
 50.00

**C. David R. Creecy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 498 Wythe Creek Rd  
 City Poquoson State VA Zip Code 23662-1936  
 Name of Employer Poquoson Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-121**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John Crumly**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 NE 52nd St

City Oklahoma City State OK Zip Code 73105

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

Name of Employer Pharmacy Providers of Oklahoma Occupation Executive Vice President, Clinical Ser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-122**

Amount of Each Receipt this Period  
 50.00

**B. David Darby**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 E Three Notch St

City Andalusia State AL Zip Code 36420-3124

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

Name of Employer Darby's Village Pharmacy, Inc. Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-123**

Amount of Each Receipt this Period  
 100.00

**C. John N. Debalko**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 S Hancock St

City McAdoo State PA Zip Code 18237

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

Name of Employer Standard Drug Store Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-124**

Amount of Each Receipt this Period  
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 122
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. David J. DeCarlo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Highway 70  
Ste 7

City Lakewood State NJ Zip Code 8701

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

Name of Employer Medicine To Go Pharmacies Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-125**

Amount of Each Receipt this Period  
100.00

**B. Angelo DeFazio**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Farmington Ave

City Hartford State CT Zip Code 06105-3106

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

Name of Employer Arrow Prescription Center Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-126**

Amount of Each Receipt this Period  
50.00

**C. Johnette DeLeon**  
Full Name (Last, First, Middle Initial)

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 Pfennigs Prescription Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-127**

Amount of Each Receipt this Period  
50.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Matthew DiLoreto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Rd  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Community Pharmacists Associa Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2013  
**Transaction ID : 20140108121459-27**  
 Amount of Each Receipt this Period  
 21.00

**B. Matthew DiLoreto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Rd  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Community Pharmacists Associa Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : 20140108121459-28**  
 Amount of Each Receipt this Period  
 21.00

**C. John F. DiMaggio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5208 Veterans Memorial Blvd  
 City Metairie State LA Zip Code 70006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Patio Drugs Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-128**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Al Dixon Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-129</b>
Mailing Address PO Box 1060		Amount of Each Receipt this Period 100.00
City Richmond Hill	State GA	Zip Code 31324-1060
FEC ID number of contributing federal political committee. C		
Name of Employer Richmond Hill Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Doud</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-60</b>
Mailing Address PO Box 24389		Amount of Each Receipt this Period 75.00
City Rochester	State NY	Zip Code 14624-0389
FEC ID number of contributing federal political committee. C		
Name of Employer Rochester Drug Cooperative, Inc.	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Laurence F. Doud IV</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-61</b>
Mailing Address PO Box 24389		Amount of Each Receipt this Period 50.00
City Rochester	State NY	Zip Code 14624-0389
FEC ID number of contributing federal political committee. C		
Name of Employer Rochester Drug Cooperative, Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 33 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark Doyle**  
 Mailing Address PO Box 192  
 City State Zip Code  
 Centre Hall PA 16828-0192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 McLanahan Drug Store Owner/Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-131**  
 Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. William Drahushak III**  
 Mailing Address 700 S Brady St  
 City State Zip Code  
 Du Bois PA 15801-1266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dubois Drug & Wellness 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 / 19 / 2013  
**Transaction ID : 20140108121459-132**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. James E. Dunaway**  
 Mailing Address 110 3rd St  
 City State Zip Code  
 Henderson KY 42420-2993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dunaways Imperial Phcy 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 / 19 / 2013  
**Transaction ID : 20140108121459-133**  
 Amount of Each Receipt this Period  
 100.00

**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: (check only one)	PAGE 34 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen R. Ehardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 309  
 7275 Huron Ave /  
 City Lexington State MI Zip Code 48450-8316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ehardt's Pharmacy Inc Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-134**  
 Amount of Each Receipt this Period  
 50.00

**B. Roy E. Elsner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 568 Spring Valley Ct  
 City Spring Creek State NV Zip Code 89815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Pill Box Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-135**  
 Amount of Each Receipt this Period  
 100.00

**C. Tom Engel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1536 N 115th St  
 Ste 100  
 City Seattle State WA Zip Code 98133-8411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Prescription And Medical Sup Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-136**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 35 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Randy Epley</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-137</b>
Mailing Address 208 Avery Ave		Amount of Each Receipt this Period 50.00
City Morganton	State NC	Zip Code 28655-3103
FEC ID number of contributing federal political committee.	C	
Name of Employer Jones Health Mart Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. James Ettare II</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013 <b>Transaction ID : 20140108121459-2</b>
Mailing Address PO Box 1005		Amount of Each Receipt this Period 365.00
City Rustburg	State VA	Zip Code 24588
FEC ID number of contributing federal political committee.	C	
Name of Employer Rustburg Family Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Fapore</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-138</b>
Mailing Address 131 S Pleasant Ave		Amount of Each Receipt this Period 50.00
City Somerset	State PA	Zip Code 15501-2189
FEC ID number of contributing federal political committee.	C	
Name of Employer Medicine Shoppe Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	465.00
<b>TOTAL</b> 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 36 OF 122
	(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

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

**A. Michelle E. Farrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1028 Wisconsin Ave

City Boscobel State WI Zip Code 53805-1844

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

Name of Employer Boscobel Pharmacy Occupation 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 / 30 / 2013  
**Transaction ID : 20140108121459-139**

Amount of Each Receipt this Period  
**50.00**

**B. Garland Bruce Faulkenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Main St

City Rockport State IN Zip Code 47635

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

Name of Employer Rockport Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-140**

Amount of Each Receipt this Period  
**50.00**

**C. Alan Flener**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Carl Fox Rd

City Glasgow State KY Zip Code 42141

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

Name of Employer Clark Drugs, Inc. Occupation 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 / 30 / 2013  
**Transaction ID : 20140108121459-4**

Amount of Each Receipt this Period  
**365.00**

**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: PAGE 37 OF 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Terry Forshee**

Mailing Address 1690 25th St NW

City Cleveland      State TN      Zip Code 37311-3613

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

Name of Employer Cherokee Pharmacy & Med Supply      Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-141**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Robert B. Frankil**

Mailing Address 21 Miner Cir

City Collegeville      State PA      Zip Code 19426

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

Name of Employer Sellersville Pharmacy      Occupation Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-142**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Ira N. Freeman**

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 Key Pharmacy      Occupation Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 20140108121459-143**

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 122
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Robert E. Fuller**  
Full Name (Last, First, Middle Initial)

Mailing Address 1106B Main Street Ext

City Swansboro	State NC	Zip Code 28584-9114
-------------------	-------------	------------------------

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

Name of Employer Family Care Pharmacy	Occupation 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	/	18	/	2013

**Transaction ID : 20140108121459-5**

Amount of Each Receipt this Period  
500.00

**B. Douglas L. Funk**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Elmhurst Blvd

City Concordia	State KS	Zip Code 66901
-------------------	-------------	-------------------

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

Name of Employer Funk Pharmacy	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-144**

Amount of Each Receipt this Period  
100.00

**C. William R. Futrell Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 768

City Jackson	State NC	Zip Code 27845
-----------------	-------------	-------------------

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

Name of Employer Futrell Pharmacy Services	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-145**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Leon Galehouse III</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-146</b>
Mailing Address 1015 S Hackett Rd Ste 300		Amount of Each Receipt this Period 30.00
City Waterloo	State IA Zip Code 50701-3500	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 240.00
Name of Employer Amicare Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rick Gallaher</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-147</b>
Mailing Address 804 Ridgeway Ave		Amount of Each Receipt this Period 50.00
City Signal Mountain	State TN Zip Code 37377-3065	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 600.00
Name of Employer Signal Mountain Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cheryl L. Garvin</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-148</b>
Mailing Address 36 Catocin Cir SE Ste C		Amount of Each Receipt this Period 100.00
City Leesburg	State VA Zip Code 20175-3612	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1200.00
Name of Employer Leesburg Pharmacy, Inc.	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James Gaudino**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 Wyoming Ave  
Ste 1

City Kingston State PA Zip Code 18704-3863

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

Name of Employer Cooks Phcy Of Kingston Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 05 / 2013  
Transaction ID : 20140108121459-41

Amount of Each Receipt this Period  
500.00

**B. Lorri Gebo-Shaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 S 4th Ave

City Pocatello State ID Zip Code 83201-6438

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

Name of Employer Shaver Pharmacy & Compounding Center Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
12 / 19 / 2013  
Transaction ID : 20140108121459-149

Amount of Each Receipt this Period  
100.00

**C. Russell A. Gellis**  
Full Name (Last, First, Middle Initial)

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 Apthorp Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 19 / 2013  
Transaction ID : 20140108121459-150

Amount of Each Receipt this Period  
50.00

**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:	PAGE 41 OF 122
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Kerry W. Gerdes**

Mailing Address 245 Main St

City State Zip Code  
Conneaut OH 44030-2653

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

Name of Employer Occupation  
Gerdes Pharmacy Inc 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 / 19 / 2013  
**Transaction ID : 20140108121459-151**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Michael Gilfillan**

Mailing Address 105 Main St

City State Zip Code  
Bar Harbor ME 04609-1844

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

Name of Employer Occupation  
West End Drug Company 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 / 19 / 2013  
**Transaction ID : 20140108121459-152**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Stephen L. Giroux**

Mailing Address PO Box 188

City State Zip Code  
Middleport NY 14105-0188

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

Name of Employer Occupation  
Middleport Family Health Center Owner/Manager

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 / 19 / 2013  
**Transaction ID : 20140108121459-153**

Amount of Each Receipt this Period  
416.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	491.66
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kevin C. Glick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-154</b>
Mailing Address 4491 Kolopa St # A		Amount of Each Receipt this Period 500.00
City Lihue State HI Zip Code 96766	FEC ID number of contributing federal political committee. C	
Name of Employer Lihue Pharmacy Group Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) <b>B. Ricky G. Gonzalez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-155</b>
Mailing Address 1342 Fair Ave		Amount of Each Receipt this Period 150.00
City San Antonio State TX Zip Code 78223-1438	FEC ID number of contributing federal political committee. C	
Name of Employer Medical Center Pharmacy Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00

Full Name (Last, First, Middle Initial) <b>C. Eric L. Graf</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-156</b>
Mailing Address 8614 Hartman Rd		Amount of Each Receipt this Period 100.00
City Wadsworth State OH Zip Code 44281-9404	FEC ID number of contributing federal political committee. C	
Name of Employer Ritzman Pharmacies, Inc. Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. David B. Graves**

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 Graves Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-157**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Robert Greenwood**

Mailing Address 2104 Kimball Ave

City Waterloo State IA Zip Code 50702

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

Name of Employer Greenwood Drug, Inc. Occupation Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-158**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Marlene A. Gregory**

Mailing Address 1 Washington St

City Cattaraugus State NY Zip Code 14719-1015

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

Name of Employer Corner Drug Store Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-159**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address PO Box 1599

City State Zip Code  
 Warsaw MO 65355-1599

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

Name of Employer Occupation  
 J And D Truecare Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-160**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Carolyn Ha**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314-2833

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

Name of Employer Occupation  
 National Community Pharmacists Associa Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2013  
**Transaction ID : 20140108121459-7**

Amount of Each Receipt this Period  
 21.00

Full Name (Last, First, Middle Initial)  
**C. Carolyn Ha**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314-2833

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

Name of Employer Occupation  
 National Community Pharmacists Associa Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : 20140108121459-6**

Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.00

**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 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Luann Haas**

Mailing Address PO Box 248

City State Zip Code  
 Nauvoo IL 62354-0248

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

Name of Employer Occupation  
 Nauvoo Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-161**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 201 City Ave

City State Zip Code  
 Merion Station PA 19066-1803

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

Name of Employer Occupation  
 Dakes Drug Store Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-162**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. Eric J. Hamik**

Mailing Address 3611 2nd Ave

City State Zip Code  
 Kearney NE 68847-2402

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

Name of Employer Occupation  
 U Save Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-163**

Amount of Each Receipt this Period  
 50.00

**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 46 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Joseph H. Harmison</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-164</b>
Mailing Address PO Box 152643		Amount of Each Receipt this Period 150.00
City Arlington	State TX	Zip Code 76015-8643
FEC ID number of contributing federal political committee. C	Name of Employer Harmison Pharmacies, L.C.	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Shane Harrell</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-165</b>
Mailing Address PO Box B		Amount of Each Receipt this Period 50.00
City Ilwaco	State WA	Zip Code 98624
FEC ID number of contributing federal political committee. C	Name of Employer Ilwaco Drugs	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Robert E. Hart</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2013 <b>Transaction ID : 20140108121459-42</b>
Mailing Address 202 Oak Plz Hwy 3		Amount of Each Receipt this Period 500.00
City La Marque	State TX	Zip Code 77568-4241
FEC ID number of contributing federal political committee. C	Name of Employer Hart Pharmacy	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Brad N. Harth**

Mailing Address 1134 Washington St

City State Zip Code  
 Tell City IN 47586-1827

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

Name of Employer Occupation  
 Werner Drug Store 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 / 19 / 2013  
**Transaction ID : 20140108121459-166**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Ronna B. Hauser**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314

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

Name of Employer Occupation  
 National Community Pharmacists Associa Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-167**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**C. Bentley F. Hawley**

Mailing Address PO Box 4474

City State Zip Code  
 Odessa TX 79760-4474

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

Name of Employer Occupation  
 Evans Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-168**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00

**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 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. H. Edward Heckman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Business Park Cir  
 City Stoughton State WI Zip Code 53589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Compliant Pharmacy Alliance Cooperativ  
 Occupation: Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 19 / 2013  
**Transaction ID : 20140108121459-169**  
 Amount of Each Receipt this Period: 416.65

**B. Kirk Heinz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11212 Sunrise Blvd E Ste 204  
 City Puyallup State WA Zip Code 98374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Kirks Pharmacy At Sunrise  
 Occupation: Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 19 / 2013  
**Transaction ID : 20140108121459-171**  
 Amount of Each Receipt this Period: 50.00

**C. Holly W. Henry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7317 35th Ave NE  
 City Seattle State WA Zip Code 98115-5918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Rxtra Care Pharmacy View Ridge  
 Occupation: President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 12 / 18 / 2013  
**Transaction ID : 20140108121459-173**  
 Amount of Each Receipt this Period: 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	616.65
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 122
	(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

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

**A. Holly W. Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 7317 35th Ave NE

City Seattle	State WA	Zip Code 98115-5918
-----------------	-------------	------------------------

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

Name of Employer Rxtra Care Pharmacy View Ridge	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-172**

Amount of Each Receipt this Period  
150.00

**B. Michael J. Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 4831 35th Ave SW

City Seattle	State WA	Zip Code 98126-2709
-----------------	-------------	------------------------

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

Name of Employer Rxtra Care Pharmacy At the Mount	Occupation 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	/	18	/	2013

**Transaction ID : 20140108121459-174**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 4831 35th Ave SW

City Seattle	State WA	Zip Code 98126-2709
-----------------	-------------	------------------------

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

Name of Employer Rxtra Care Pharmacy At the Mount	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-175**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Henry H. Herring Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-176</b>
Mailing Address 912 S16th St		Amount of Each Receipt this Period 25.00
City Wilmington	State NC	Zip Code 28401-6647
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Raymond Greg Hickman</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-177</b>
Mailing Address PO Box 965		Amount of Each Receipt this Period 100.00
City Monroe	State GA	Zip Code 30655-0965
FEC ID number of contributing federal political committee. C		
Name of Employer Carmichael Drugs	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Katherine R. Hicks</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-178</b>
Mailing Address 1020 Richland Ave W		Amount of Each Receipt this Period 150.00
City Aiken	State SC	Zip Code 29801-3224
FEC ID number of contributing federal political committee. C		
Name of Employer The Medicine Mart	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John F. Hinkle Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 261 Locust St  
 City Columbia State PA Zip Code 17512-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hinkle's Pharmacy, Inc. Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-179**  
 Amount of Each Receipt this Period  
 100.00

**B. Brian Douglas Hoey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 Emerald Dr  
 City Alexandria State VA Zip Code 22308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Community Pharmacists Associa Occupation Senior Vice President & Chief Operatin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-180**  
 Amount of Each Receipt this Period  
 416.66

**C. Edmund R. Horton**  
 Full Name (Last, First, Middle Initial)  
 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 Tanglewood Pharmacy Occupation Owner/Manager  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-182**  
 Amount of Each Receipt this Period  
 416.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	933.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Brian M. Hose</b>		Date of Receipt
Mailing Address 17316 Shepherdstown Pike		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Sharpsburg MD 21782-1626		<b>Transaction ID : 20140108121459-183</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Sharpsburg Pharmacy Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Paul M. Hueseman</b>		Date of Receipt
Mailing Address 343 E Bodley Ave		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Kirkwood MO 63122		<b>Transaction ID : 20140108121459-184</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Greentree Pharmacy, LLC Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ralph B. Hunter</b>		Date of Receipt
Mailing Address PO Box 797		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Richlands NC 28574-0797		<b>Transaction ID : 20140108121459-185</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Big Value Discount Drug Center Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peter K. Illig**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 Broad St

City Salamanca State NY Zip Code 14779-1424

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

Name of Employer Park Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-186**

Amount of Each Receipt this Period  
 100.00

**B. Jim Ivie**  
Full Name (Last, First, Middle Initial)

Mailing Address 149 Crown Hill Rd

City Excelsior Springs State MO Zip Code 64024-1657

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

Name of Employer Browns Prescription Drug Occupation Pharmacist

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 / 19 / 2013  
**Transaction ID : 20140108121459-187**

Amount of Each Receipt this Period  
 25.00

**C. Malcolm Janet**  
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Rose Dr Ste D

City Yorba Linda State CA Zip Code 92886-2128

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

Name of Employer Linda Vista Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-188**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 109 S Main St

City State Zip Code  
 Colfax WA 99111-1803

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

Name of Employer Occupation  
 Tick Klock Drugs Llc 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 / 19 / 2013  
**Transaction ID : 20140108121459-189**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Patty Johnston**

Mailing Address 211 Granville Ave

City State Zip Code  
 Beckley WV 25801-6004

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

Name of Employer Occupation  
 Colony Drug 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 / 19 / 2013  
**Transaction ID : 20140108121459-190**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**c. Phillip A. Judd**

Mailing Address 11715 Rainwood Rd

City State Zip Code  
 Little Rock AR 72212-3951

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

Name of Employer Occupation  
 The Drug Store Inc 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 / 19 / 2013  
**Transaction ID : 20140108121459-191**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Eric T. Juergens**

Mailing Address 640 N Fountain Ave

City State Zip Code  
 Springfield OH 45504-2202

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

Name of Employer Occupation  
 Madison Avenue 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 / 19 / 2013  
**Transaction ID : 20140108121459-192**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Nicholas Karalis**

Mailing Address 194 S New Middletown Rd

City State Zip Code  
 Elwyn PA 19063

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

Name of Employer Occupation  
 Elwyn Pharmacy Owner/Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : 20140108121459-8**

Amount of Each Receipt this Period  
 1500.00

Full Name (Last, First, Middle Initial)  
**C. Ira Katz**

Mailing Address 78 Gateside PI SE

City State Zip Code  
 Marietta GA 30067-4094

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

Name of Employer Occupation  
 Little Five Points Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-193**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark E. Kinney**

Mailing Address 532 Orchard Way

City State Zip Code  
 Louisville CO 80027

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

Name of Employer Occupation  
 Independent Pharmacy Cooperative Vice President of Government Affairs

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 / 19 / 2013  
**Transaction ID : 20140108121459-194**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 6133 Route 219 S  
 Ste 1004

City State Zip Code  
 Ellicottville NY 14731-0368

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

Name of Employer Occupation  
 Ellicottville Pharmacy Inc 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 / 19 / 2013  
**Transaction ID : 20140108121459-195**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Scottie J. Knott**

Mailing Address 988 Napoleon Ave

City State Zip Code  
 Sunset LA 70584-6100

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

Name of Employer Occupation  
 Brinkhaus Thrifty Way Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-196**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 OF 122
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. James H. Koivisto</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013 <b>Transaction ID : 20140108121459-44</b>
Mailing Address 4133 University Blvd S Ste 1		Amount of Each Receipt this Period 250.00
City Jacksonville	State FL	
Zip Code 32216-4316		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hallidays And Koivistos Phcy	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charles C. Kray</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-197</b>
Mailing Address 731 Cherry Dr		Amount of Each Receipt this Period 100.00
City Hershey	State PA	
Zip Code 17033-2006		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hershey Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Karry La Violette</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-62</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 50.00
City Alexandria	State VA	
Zip Code 22302		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer National Community Pharmacists Associa	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Louis Ladson Jr.</b>		Date of Receipt
Mailing Address 501 S Lincoln Ave Ste 10		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Clearwater	State FL	Zip Code 33756
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20140108121459-198</b>
Name of Employer Lincourt Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="2500"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Nancy Laporte</b>		Date of Receipt
Mailing Address PO Box 216		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Hennessey	State OK	Zip Code 73742-0216
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20140108121459-199</b>
Name of Employer La Porte Pharmacy		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Tim G. Larsen</b>		Date of Receipt
Mailing Address PO Box 5120		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Yelm	State WA	Zip Code 98597-5120
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20140108121459-200</b>
Name of Employer Tims Pharmacy And Gift Shop		Amount of Each Receipt this Period
Occupation Owner/Manager		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 59 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John D. Lassiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3252 SE 29th St  
 City State Zip Code  
 Del City OK 73115-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lassiter Drug Owner/Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-201**  
 Amount of Each Receipt this Period  
 1500.00

**B. Jeremy Lawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 924  
 City State Zip Code  
 Talihina OK 74571-0924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lawson Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-202**  
 Amount of Each Receipt this Period  
 50.00

**C. Clarence Lea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6708 Westbury Ct  
 City State Zip Code  
 Benbrook TX 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-203**  
 Amount of Each Receipt this Period  
 50.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Elizabeth Lea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6708 Westbury Ct  
 City Benbrook State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmeriSourceBergen Corporation Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-204**  
 Amount of Each Receipt this Period  
 50.00

**B. Sharlea Leatherwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7275 N Oak Trfy PO Box 28444  
 City Gladstone State MO Zip Code 64188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great Oak Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-205**  
 Amount of Each Receipt this Period  
 150.00

**C. Joseph P. Lech**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Rockledge Ln  
 City Tunkhannock State PA Zip Code 18657-6855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lech's Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-206**  
 Amount of Each Receipt this Period  
 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Deanna D. Leikach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Suffolk Rd  
 City Finksburg State MD Zip Code 21048-1633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Finksburg Pharmacy Inc Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-207**  
 Amount of Each Receipt this Period  
 100.00

**B. Neil Leikach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6350 Frederick Rd  
 City Baltimore State MD Zip Code 21228-2305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Catonsville Pharmacy Llc Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-208**  
 Amount of Each Receipt this Period  
 100.00

**C. Ron Lind**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 99  
 City Freeland State WA Zip Code 98249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Linds' Freeland Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-209**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 122
	<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
-----------------------------	-----------------------------	-----------------------------

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

**A. Robert Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Richmond Rd N  
 Ste A  
 City Berea State KY Zip Code 40403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Berea Drug Occupation 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 / 30 / 2013  
**Transaction ID : 20140108121459-9**  
 Amount of Each Receipt this Period  
 250.00

**B. Richard N. Logan Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 L And S Discount Phcy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-210**  
 Amount of Each Receipt this Period  
 100.00

**C. Bradley A. Lueneburg**  
 Full Name (Last, First, Middle Initial)  
 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 Family Rexall Drug Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-211**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Claire B. Mackiewicz</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-212</b>
Mailing Address 19 N Main St		Amount of Each Receipt this Period 100.00
City Holland	State NY	Zip Code 14080-9509
FEC ID number of contributing federal political committee. C		
Name of Employer Holland Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Eddie M. Madden</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-213</b>
Mailing Address 101 College Ave		Amount of Each Receipt this Period 100.00
City Elberton	State GA	Zip Code 30635-1705
FEC ID number of contributing federal political committee. C		
Name of Employer Maddens Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Jerid Maddox</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-214</b>
Mailing Address 501 Teaco Rd		Amount of Each Receipt this Period 50.00
City Kennett	State MO	Zip Code 63857-3721
FEC ID number of contributing federal political committee. C		
Name of Employer Teko Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Robert L. Maher Sr.**

Mailing Address PO Box 45

City State Zip Code  
 Patton PA 16668-0045

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

Name of Employer Occupation  
 Patton Pharmacy And V And S Variety 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 / 19 / 2013  
**Transaction ID : 20140108121459-215**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Nasir Mahmood**

Mailing Address PO Box 339

City State Zip Code  
 Pine Plains NY 12567-0339

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

Name of Employer Occupation  
 Pine Plains Pharmacy Inc 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 / 19 / 2013  
**Transaction ID : 20140108121459-216**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 735 Amsterdam Ave

City State Zip Code  
 New York NY 10025-6309

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

Name of Employer Occupation  
 New Amsterdam Drug Mart Inc 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 / 19 / 2013  
**Transaction ID : 20140108121459-217**

Amount of Each Receipt this Period  
 50.00

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

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



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

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

FOR LINE NUMBER: PAGE 65 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dave Manning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 F St SW  
 City Quincy State WA Zip Code 98848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heartland Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-218**  
 Amount of Each Receipt this Period  
 25.00

**B. Michael A. Manuszewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1728 Grand Island Blvd  
 City Grand Island State NY Zip Code 14072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Island Pharmacy Center Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-219**  
 Amount of Each Receipt this Period  
 50.00

**C. Jonathan G. Marquess**  
 Full Name (Last, First, Middle Initial)  
 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 Woodstock Pharmacy Inc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-220**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**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 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Phillip L. Marsiglia**  
 Full Name (Last, First, Middle Initial)  
 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 South Baltimore Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-221**  
 Amount of Each Receipt this Period  
 500.00

**B. James L. Martin Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 Golf Crest Ln  
 City Lakeway State TX Zip Code 78734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dripping Springs Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-222**  
 Amount of Each Receipt this Period  
 100.00

**C. William V. Mattson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 N Sheridan Rd  
 City Chicago State IL Zip Code 60657-6156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stone Medical Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-223**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. George M. McAlanis</b>		Date of Receipt
Mailing Address 242 Market St		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Millersburg State PA Zip Code 17061		<b>Transaction ID : 20140108121459-224</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millersburg Pharmacy Inc Occupation Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Bruce McAnally</b>		Date of Receipt
Mailing Address 2535 Eldorado Pkwy		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Mc Kinney State TX Zip Code 75070-4366		<b>Transaction ID : 20140108121459-225</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Family Drug Occupation Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kevin McClimon</b>		Date of Receipt
Mailing Address 115 State St		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Bellevue State IA Zip Code 52031-1307		<b>Transaction ID : 20140108121459-226</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Bellevue Pharmacy, Inc. Occupation Owner/Manager		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Leigh McConchie</b>		Date of Receipt
Mailing Address 1 Main St		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lake Luzerne	NY	12846
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20140108121459-227</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Stone's Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kathy C. McNeill</b>		Date of Receipt
Mailing Address PO Box 205		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Reedsville	WV	26547-0205
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20140108121459-228</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Valley Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Warren G. Meador</b>		Date of Receipt
Mailing Address PO Box 1749		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Elk City	OK	73648-1749
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20140108121459-229</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
Pharmacy Providers of Oklahoma, Inc.	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Cheryl Meek**

Mailing Address 5879 SR 92 Ste 3 Lenox Plaza

City Kingsley	State PA	Zip Code 18826-9751
------------------	-------------	------------------------

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

Name of Employer Lenox Pharmacy Inc	Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-230**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Lonnie L. Meredith**

Mailing Address 100 S Avenue E

City Haskell	State TX	Zip Code 79521-0528
-----------------	-------------	------------------------

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

Name of Employer The Drug Store	Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-231**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. Marc Merrill**

Mailing Address 606 N Main St

City Mishawaka	State IN	Zip Code 46545-6620
-------------------	-------------	------------------------

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

Name of Employer Merrill Pharmacy	Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-232**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</b>
<b>TOTAL</b> 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 70 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Kerry S. Milano</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-233</b>
Mailing Address 3544 W Esplanade Ave		Amount of Each Receipt this Period 150.00
City Metairie	State LA	Zip Code 70002
FEC ID number of contributing federal political committee.	C	
Name of Employer Giuffria Inc /Chateau Drugs	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Amy Miller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-234</b>
Mailing Address PO Box 436		Amount of Each Receipt this Period 25.00
City Lula	State GA	Zip Code 30554-0436
FEC ID number of contributing federal political committee.	C	
Name of Employer Lula Pharmacy And Foothills Gift Shop	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Bethany L. Miller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-235</b>
Mailing Address 10 W BRdway		Amount of Each Receipt this Period 75.00
City Red Lion	State PA	Zip Code 17356-2102
FEC ID number of contributing federal political committee.	C	
Name of Employer Lion Pharmacy	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Michael W. Minesinger</b>		Date of Receipt
Mailing Address 311 N Western Ave		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Peoria	IL	61604-5638
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20140108121459-236</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Alwan Pharmacy	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Martin B. Mintz</b>		Date of Receipt
Mailing Address 6701 Harford Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Baltimore	MD	21234
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20140108121459-237</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Northern Pchy And Med Equipment	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. J. Scott Miskovsky</b>		Date of Receipt
Mailing Address PO Box A		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Forest City	PA	18421-0130
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20140108121459-238</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Red Cross Pharmacy	Owner/Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 122
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Dwayne R. Mitchell**

Mailing Address 202 E Main St

City Jonesboro State LA Zip Code 71251

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

Name of Employer Mitchell's Pharmacy Inc Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-239**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Bill D. Moore**

Mailing Address 1306 12th Ave NW

City Ardmore State OK Zip Code 73401-1285

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

Name of Employer Henry Roberts Express Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-240**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. William O. Moore**

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 Moores Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-241**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Allan I. Morris</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-11</b>
Mailing Address 886 Caledonian Way		Amount of Each Receipt this Period 300.00
City Vestavia	State AL	Zip Code 35242-0503
FEC ID number of contributing federal political committee. C	Name of Employer Allan Morris (Alaco Discount Pharmacy)	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Deann Mullins</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-242</b>
Mailing Address 830 Ohio Ave		Amount of Each Receipt this Period 150.00
City Lynn Haven	State FL	Zip Code 32444-2352
FEC ID number of contributing federal political committee. C	Name of Employer WeCare Mullins Pharmacy, Inc.	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Fanny Musto</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-243</b>
Mailing Address 1409 Wickapecko Dr		Amount of Each Receipt this Period 100.00
City Ocean	State NJ	Zip Code 07712-4201
FEC ID number of contributing federal political committee. C	Name of Employer Wickapecko Pharmacy & Medical Supplies	Occupation Owner/Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tony Ogden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6415 Sands Dr  
 City Pasadena State TX Zip Code 77505-3841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Groveway Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-248**  
 Amount of Each Receipt this Period  
 416.65

**B. Anthony Ortiz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8416 Kennedy Blvd  
 City North Bergen State NJ Zip Code 7047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlas Drug And Nutrition Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-249**  
 Amount of Each Receipt this Period  
 200.00

**C. Bill Osborn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 W Central Ave  
 City Miami State OK Zip Code 74354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Osborn Drugs, Inc. Occupation Vice 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 / 19 / 2013  
**Transaction ID : 20140108121459-250**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	716.65
<b>TOTAL</b> 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 122  
(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**

Full Name (Last, First, Middle Initial)  
**A. Henry E. Paetsch**

Mailing Address 6918 W Archer Ave

City Chicago State IL Zip Code 60638-2337

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

Name of Employer New England Pharmacy Occupation 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 / 24 / 2013  
**Transaction ID : 20140108121459-48**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Paul B. Pagnotta**

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 Four Corners Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-251**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Mark L. Parris**

Mailing Address PO Box 2230

City Blue Ridge State GA Zip Code 30513

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

Name of Employer Parris Medical Services Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-252**

Amount of Each Receipt this Period  
**50.00**

**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: PAGE 77 OF 122  
(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**

Full Name (Last, First, Middle Initial)  
**A. Kari Pastorek**

Mailing Address 38 E 12th St

City Grafton      State ND      Zip Code 58237

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

Name of Employer Grafton Drug      Occupation Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2013**

**Transaction ID : 20140108121459-253**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Vijay Patel**

Mailing Address 2800 N California St  
 Ste 9

City Stockton      State CA      Zip Code 95204-3758

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

Name of Employer Calmont Pharmacy      Occupation 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 / 17 / 2013**

**Transaction ID : 20140108121459-49**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Jan H. Pattillo**

Mailing Address PO Box 112

City Hamilton      State TX      Zip Code 76531-0112

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

Name of Employer Jordan Pharmacy      Occupation 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 / 19 / 2013**

**Transaction ID : 20140108121459-254**

Amount of Each Receipt this Period  
**50.00**

**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 78 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Hugh Brian Perkins</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2013 <b>Transaction ID : 20140108121459-50</b>
Mailing Address 2520 Main St		Amount of Each Receipt this Period 500.00
City North Little Rock	State AR	Zip Code 72114
FEC ID number of contributing federal political committee. C		
Name of Employer Medicine Man Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Pfister</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-256</b>
Mailing Address 100 Daingerfield Rd		Amount of Each Receipt this Period 200.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		
Name of Employer National Community Pharmacists Associa	Occupation Sr. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Chau Phan</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-257</b>
Mailing Address 2404 Smith Ranch Rd # 100		Amount of Each Receipt this Period 100.00
City Pearland	State TX	Zip Code 77584
FEC ID number of contributing federal political committee. C		
Name of Employer Country Place Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Larry D. Plunk Jr.</b>		Date of Receipt
Mailing Address 8455 9th Ave		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Port Arthur	TX	77642
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20140108121459-258</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
King's Pharmacy	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Peter A. Pogany</b>		Date of Receipt
Mailing Address 611 Park Ave		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Plainfield	NJ	07060-1612
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20140108121459-259</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Rapps Pharmacy Inc	Owner/Manager	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kelly G. Pratt</b>		Date of Receipt
Mailing Address 1506 S Sunset Ave Ste A		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Littlefield	TX	79339-4813
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20140108121459-260</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kelly G Pratt	Owner/Manager	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 122
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Dared L. Price**

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 Graves Drug Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-261**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Dennis R. Princing**

Mailing Address 333 S Michigan Ave

City Saginaw State MI Zip Code 48602-2024

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

Name of Employer Princing's Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-262**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Frank Y. Pryce**

Mailing Address 331 Enterprise Blvd # 1323

City Lake Charles State LA Zip Code 70602

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

Name of Employer Pryces Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-263**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Rissa H. Pryse</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-264</b>
Mailing Address 310 E Central Ave		Amount of Each Receipt this Period 100.00
City La Follette	State TN	Zip Code 37766-3617
FEC ID number of contributing federal political committee. C		
Name of Employer Terrys Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Eric M. Pusey</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-265</b>
Mailing Address 514 Burke Byp		Amount of Each Receipt this Period 20.00
City Olyphant	State PA	Zip Code 18447
FEC ID number of contributing federal political committee. C		
Name of Employer Medicap	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas M. Quinlan</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-266</b>
Mailing Address 107 N Main St		Amount of Each Receipt this Period 200.00
City Wayland	State NY	Zip Code 14572-1033
FEC ID number of contributing federal political committee. C		
Name of Employer Quinlan Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 82 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Raduazzo**

Mailing Address 5 Northern Blvd

City State Zip Code  
 Greenvale NY 11548-1204

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

Name of Employer Occupation  
 Greenvale Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 20140108121459-267**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Richard Rasmuson**

Mailing Address 1320 E 200 S

City State Zip Code  
 Salt Lake City UT 84102-2604

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

Name of Employer Occupation  
 University 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 / 19 / 2013

**Transaction ID : 20140108121459-268**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Scott A. Rayl**

Mailing Address 114 S Huron Ave

City State Zip Code  
 Harbor Beach MI 48441-1201

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

Name of Employer Occupation  
 Harbor Drug 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 / 19 / 2013

**Transaction ID : 20140108121459-269**

Amount of Each Receipt this Period  
 100.00

**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 83 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stan Reeves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 112 US Highway 80 E

City Demopolis	State AL	Zip Code 36732-0310
-------------------	-------------	------------------------

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

Name of Employer F And F Drugs and Diabetes	Occupation 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	/	09	/	2013

**Transaction ID : 20140108121459-13**

Amount of Each Receipt this Period  
1000.00

**B. Levi Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1209 N Main St

City Beaver Dam	State KY	Zip Code 42320-8955
--------------------	-------------	------------------------

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

Name of Employer Rice Drugs	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-270**

Amount of Each Receipt this Period  
50.00

**C. Fleet W. Richards Jr.**  
Full Name (Last, First, Middle Initial)  
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 F W Richards Jr Inc	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-271**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 122  
(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. Gordon Richards Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 E Main St  
 City Shawnee State OK Zip Code 74801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Richards Drug, Inc. Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-272**  
 Amount of Each Receipt this Period  
 50.00

**B. Kent A. Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3510 N Ridge Rd Ste 900  
 City Wichita State KS Zip Code 67205-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Custom RX, Inc. Occupation Vice President  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-273**  
 Amount of Each Receipt this Period  
 50.00

**C. John J. Riehl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5814 Rising Sun Ave  
 City Philadelphia State PA Zip Code 19120-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rings Drugs Ltd Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-274**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 417 S Victory St

City Little Rock State AR Zip Code 72201-2932

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

Name of Employer Arkansas Pharmacists Association Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-275**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Hugh Rogers**

Mailing Address PO Box 338

City Mc Caysville State GA Zip Code 30555-0338

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

Name of Employer McCaysville Drug Center Inc Occupation 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 / 24 / 2013  
**Transaction ID : 20140108121459-51**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Michael Rule**

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer Ncpa Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2013  
**Transaction ID : 20140108121459-30**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> 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 86 OF 122
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Michael Rule**

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer Ncpa Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : 20140108121459-29**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Paul Ruwe**

Mailing Address 434 Scott St

City Covington State KY Zip Code 41011

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

Name of Employer Ruwe Family Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-276**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Ivan Saiff**

Mailing Address 7401 Lahana Cir

City Boynton Beach State FL Zip Code 33437-7172

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

Name of Employer Saiff Drugs Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-277**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00

**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 87 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Emad Saleh</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td> <td>09</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : 20140108121459-14</b>			M	M	/	D	D	/	Y	Y	Y	Y	12			09			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
12			09			2013																			
Mailing Address 32131 Industrial Rd			Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>			1000.00																			
1000.00																									
City Livonia	State MI	Zip Code 48150-1836																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Medcart Specialty Pharmacy		Occupation Chief Pharmacist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>				1000.00																			
1000.00																									

Full Name (Last, First, Middle Initial) <b>B. Anthony Sartoris</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td> <td>19</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : 20140108121459-63</b>			M	M	/	D	D	/	Y	Y	Y	Y	12			19			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
12			19			2013																			
Mailing Address 455 E Reed St			Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City Braidwood	State IL	Zip Code 60408-2090																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Doc's Drugs		Occupation Owner																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>550.00</td> </tr> </table>				550.00																			
550.00																									

Full Name (Last, First, Middle Initial) <b>C. Edward A. Sayre</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td> <td>19</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : 20140108121459-278</b>			M	M	/	D	D	/	Y	Y	Y	Y	12			19			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
12			19			2013																			
Mailing Address 128 High St			Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>			100.00																			
100.00																									
City Mineral Point	State WI	Zip Code 53565-1208																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Ivey's Pharmacy, Inc.		Occupation Owner/Manager																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>				1000.00																			
1000.00																									

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>1150.00</td> </tr> </table>	1150.00
1150.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 88 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Rick A. Schaeper</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-279</b>		
Mailing Address 4187 Hamilton Ave			Amount of Each Receipt this Period 100.00		
City Cincinnati	State OH	Zip Code 45223-2245			
FEC ID number of contributing federal political committee. C					
Name of Employer Schaeper's Northside Pharmacy		Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

Full Name (Last, First, Middle Initial) <b>B. Joshua Schipper</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-280</b>		
Mailing Address 4815 Vernon Blvd			Amount of Each Receipt this Period 50.00		
City Long Island City	State NY	Zip Code 11101-5616			
FEC ID number of contributing federal political committee. C					
Name of Employer Vernon Blvd. Pharmacy, Inc.		Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

Full Name (Last, First, Middle Initial) <b>C. Matthew Scott</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-281</b>		
Mailing Address PO Box 211 4057 St Hwy 3/			Amount of Each Receipt this Period 50.00		
City Star Lake	State NY	Zip Code 13690-0211			
FEC ID number of contributing federal political committee. C					
Name of Employer Adirondack Pharmacy		Occupation Pharmacist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 89 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John Warren Seymour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 W Main St  
 City Orange State VA Zip Code 22960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orange Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-282**  
 Amount of Each Receipt this Period  
 50.00

**B. Joshua R. Sheffield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 S Mansfield Ave  
 City Del City State OK Zip Code 73115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comfort Care Pharmacy Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-283**  
 Amount of Each Receipt this Period  
 100.00

**C. David A. Shipman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 Delaware Ave  
 City Palmerton State PA Zip Code 18071-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shipmans Pharmacy Inc Occupation Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013  
**Transaction ID : 20140108121459-21**  
 Amount of Each Receipt this Period  
 500.00

**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 90 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tim Short**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 835  
 2515 Business Dr  
 City Cumming State GA Zip Code 30028-4394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sawnee Drug Co Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-284**  
 Amount of Each Receipt this Period  
 100.00

**B. Darrin W. Silbaugh**  
 Full Name (Last, First, Middle Initial)  
 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 Harrisburg Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-285**  
 Amount of Each Receipt this Period  
 200.00

**C. Mathew P. Slakoper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Bristol Pike  
 City Croydon State PA Zip Code 19021-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mats Pharmacy Occupation Owner/Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-286**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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 91 OF 122
	(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

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

**A. David M. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 Main St

City Brookville State PA Zip Code 15825-1281

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

Name of Employer Means Lauf Super Drug Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-287**

Amount of Each Receipt this Period  
 200.00

**B. Donald R. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 E Medical Ct

City Post Falls State ID Zip Code 83854-7298

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

Name of Employer Medicine Man West Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-288**

Amount of Each Receipt this Period  
 150.00

**C. Randall D. Smith**  
Full Name (Last, First, Middle Initial)

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 Palace Drug Store Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-289**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 92 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Stephanie C. Smith Cooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Philadelphia St  
 City Indiana State PA Zip Code 15701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gatti Pharmacy Occupation Vice President  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-290**  
 Amount of Each Receipt this Period  
 50.00

**B. Dennis W. Song**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4505 Morningstar Dr  
 City Flower Mound State TX Zip Code 75028-3057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Flower Mound Phy And Herbal Alts Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-291**  
 Amount of Each Receipt this Period  
 50.00

**C. David Spence**  
 Full Name (Last, First, Middle Initial)  
 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 Medicine Shoppe Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-292**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 122
	(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

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

**A. James O. Spoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1325 N Old North Pl

City Sand Springs State OK Zip Code 74063-7805

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

Name of Employer T.R.B. Drugs, Inc. Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-293**

Amount of Each Receipt this Period  
 100.00

**B. Ben Stonesifer**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 S 3rd St

City Mc Connellsburg State PA Zip Code 17233

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

Name of Employer MacDonalds Pharmacy Occupation 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 / 18 / 2013  
**Transaction ID : 20140108121459-16**

Amount of Each Receipt this Period  
 500.00

**C. Michael L. Stuart**  
Full Name (Last, First, Middle Initial)

Mailing Address 18565 Business 13

City Branson West State MO Zip Code 65737

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

Name of Employer Lakeland Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-294**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Tammy S. Stutes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2509 Charity St  
 City Abbeville State LA Zip Code 70510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cashway Pharmacy of Abbeville Occupation Owner/Pharmacist  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-295**  
 Amount of Each Receipt this Period  
 200.00

**B. John G. Sutter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Washington St  
 City Horicon State WI Zip Code 53032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marshland Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-296**  
 Amount of Each Receipt this Period  
 50.00

**C. Rehme Sutton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2445 Northwest Loop Ste A  
 City Stephenville State TX Zip Code 76401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tanglewood Pharmacy Occupation Pharmacist  
 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 / 19 / 2013  
**Transaction ID : 20140108121459-297**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 95 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Larry Thomerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 N 1st St  
 City Gurdon State AR Zip Code 71743-1201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomerson Drug Store Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-298**  
 Amount of Each Receipt this Period  
 50.00

**B. Virgil F. Todd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10321 SE 55th St  
 City Oklahoma City State OK Zip Code 73150-4521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Rock Community Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-299**  
 Amount of Each Receipt this Period  
 100.00

**C. James Tristani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 Conowingo Rd Ste A  
 City Bel Air State MD Zip Code 21014-1879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harford Pharmacy Occupation 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 / 19 / 2013  
**Transaction ID : 20140108121459-300**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 96 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Charles W. Tucker**

Mailing Address PO Box 291526

City State Zip Code  
 Kerrville TX 78029-1526

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

Name of Employer Occupation  
 The Medicine Stop Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-301**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Robert L. Tyson**

Mailing Address 215 WPecan St

City State Zip Code  
 Coleman TX 76834-0151

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

Name of Employer Occupation  
 Tyson Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-302**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Kari Vanderhouwen**

Mailing Address PO Box 459

City State Zip Code  
 Duvall WA 98019-0459

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

Name of Employer Occupation  
 Duvall Family Drugs President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-303**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Chhagan Vasoya</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-304</b>
Mailing Address 752 E Arrow Hwy		Amount of Each Receipt this Period 100.00
City Pomona State CA Zip Code 91767-2247	FEC ID number of contributing federal political committee. C	
Name of Employer Express Pharmacy Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1475.00

Full Name (Last, First, Middle Initial) <b>B. Victor A. Vena</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-305</b>
Mailing Address 1322 W State St		Amount of Each Receipt this Period 100.00
City Olean State NY Zip Code 14760-2036	FEC ID number of contributing federal political committee. C	
Name of Employer Vic Vena Pharmacy Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

Full Name (Last, First, Middle Initial) <b>C. Evan James Vickers</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-306</b>
Mailing Address 91 N Main St		Amount of Each Receipt this Period 100.00
City Cedar City State UT Zip Code 84720-2648	FEC ID number of contributing federal political committee. C	
Name of Employer Bullocks Drug Store Occupation Owner/Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 98 OF 122
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Villani</b>		Date of Receipt
Mailing Address 8285 Jericho Tpk		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Woodbury NY 11797-1886		<b>Transaction ID : 20140108121459-307</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Cottage Pharmacy Inc Owner/Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1200.00"/>

Full Name (Last, First, Middle Initial) <b>B. Michael Vinson</b>		Date of Receipt
Mailing Address 934 Adams Ave		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Montgomery AL 36104-4422		<b>Transaction ID : 20140108121459-64</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Adams Drugs Owner/Manager		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="2400.00"/>

Full Name (Last, First, Middle Initial) <b>C. William Walker</b>		Date of Receipt
Mailing Address 838 4th Ave		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City State Zip Code Lake Odessa MI 48849-1002		<b>Transaction ID : 20140108121459-54</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Walker Savmor Pharmacy Owner/Manager		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="365.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="665.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 122
	(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

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

**A. Chad Wallace**  
Full Name (Last, First, Middle Initial)

Mailing Address 3738 Teays Valley Rd

City Hurricane	State WV	Zip Code 25526
-------------------	-------------	-------------------

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

Name of Employer CustomScript Pharmacy	Occupation 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	/	18	/	2013

**Transaction ID : 20140108121459-18**

Amount of Each Receipt this Period  
500.00

**B. Craig Wear**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 305

City Carthage	State IL	Zip Code 62321
------------------	-------------	-------------------

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

Name of Employer Wear Drug	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-308**

Amount of Each Receipt this Period  
50.00

**C. Tony Welder**  
Full Name (Last, First, Middle Initial)

Mailing Address 1314 Bayview Ct

City Bismarck	State ND	Zip Code 58504
------------------	-------------	-------------------

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

Name of Employer	Occupation 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	/	19	/	2013

**Transaction ID : 20140108121459-309**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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 100 OF 122  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Susan Wells**

Mailing Address 215 N Main St

City State Zip Code  
 Bristow OK 74010-2407

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

Name of Employer Occupation  
 Kemp Pharmacy 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 / 19 / 2013  
**Transaction ID : 20140108121459-310**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Gregory Wendling**

Mailing Address 680 Robert Blvd

City State Zip Code  
 Slidell LA 70458-1648

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

Name of Employer Occupation  
 Northshore Discount Pharmacy, Inc. 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 / 19 / 2013  
**Transaction ID : 20140108121459-311**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. R. Wayne West**

Mailing Address 124 W Renfro St

City State Zip Code  
 Burleson TX 76028-4260

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

Name of Employer Occupation  
 Best Value West Pharmacy President

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 / 19 / 2013  
**Transaction ID : 20140108121459-312**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 122
	(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

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

**A. Robert Westbrook**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 State Route 125

City	State	Zip Code
Amelia	OH	45102-2650

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

Name of Employer	Occupation
The Pill Box	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	/	19	/	2013

**Transaction ID : 20140108121459-313**

Amount of Each Receipt this Period  

50.00
-------

**B. Oliver C. Whipple**  
Full Name (Last, First, Middle Initial)

Mailing Address 1704 Meadows Ln

City	State	Zip Code
Vidalia	GA	30474-8913

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

Name of Employer	Occupation
City Drug Store	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	/	05	/	2013

**Transaction ID : 20140108121459-56**

Amount of Each Receipt this Period  

500.00
--------

**C. Mark Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 271  
10 Williams Bros Dr /

City	State	Zip Code
Washington	IN	47501-0271

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

Name of Employer	Occupation
Williams Bros HealthCare Pharmacy	Owner/Exec. Officer

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	/	05	/	2013

**Transaction ID : 20140108121459-57**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<b>TOTAL</b> 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 102 OF 122
	(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

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

**A. Justin B. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 S Douglas Blvd  
 Ste A  
 City State Zip Code  
 Midwest City OK 73130-5213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Valu-Med 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 / 19 / 2013  
**Transaction ID : 20140108121459-315**  
 Amount of Each Receipt this Period  
 100.00

**B. Kevin M. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 E Main St  
 City State Zip Code  
 Wallace NC 28466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Family Pharmacies, Inc 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 / 19 / 2013  
**Transaction ID : 20140108121459-316**  
 Amount of Each Receipt this Period  
 50.00

**C. Lonny D. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 18204  
 City State Zip Code  
 Oklahoma City OK 73154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pharmacy Providers of Oklahoma, Inc. Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-317**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 103 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Terry Wingo</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-318</b>
Mailing Address 8 Parade St NW Ste 100		Amount of Each Receipt this Period 100.00
City Huntsville	State AL	Zip Code 35806
FEC ID number of contributing federal political committee.	C	
Name of Employer Madison Drugs	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Lea Wolsoncroft</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-319</b>
Mailing Address 1936 Old Orchard Rd		Amount of Each Receipt this Period 50.00
City Vestavia	State AL	Zip Code 35216-2247
FEC ID number of contributing federal political committee.	C	
Name of Employer Kids Meds Pharmacy	Occupation Pediatric Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Bruce D. Wood</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : 20140108121459-320</b>
Mailing Address 118 S Vine St		Amount of Each Receipt this Period 100.00
City Arthur	State IL	Zip Code 61911-1334
FEC ID number of contributing federal political committee.	C	
Name of Employer Dicks Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 104 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. James T. Wood**

Mailing Address 3868 Highway 431

City State Zip Code  
 Roanoke AL 36274

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

Name of Employer Occupation  
 Emerging Home Care 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 / 19 / 2013  
**Transaction ID : 20140108121459-321**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Dana L. Woods**

Mailing Address 301 W Main St

City State Zip Code  
 Mountain View AR 72560-1229

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

Name of Employer Occupation  
 Woods Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-322**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Ryan Wyssmann**

Mailing Address 102 W Noble Ave

City State Zip Code  
 Guthrie OK 73044

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

Name of Employer Occupation  
 Cornwell Pharmacy Owner/Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 20140108121459-323**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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



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

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

FOR LINE NUMBER: PAGE 105 OF 122  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Steve Zaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1051 S Riverside Dr  
 City Clarksville State TN Zip Code 37040-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Town & Country Drugs Occupation Owner/Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : 20140108121459-19**  
 Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41746.60

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Mailing Address American Expressway

**Transaction ID : V9858C35B5ECC7BD9F9F**

City Ft. Lauderdale State FL Zip Code 33337

Amount of Each Disbursement this Period

527.13
--------

Purpose of Disbursement  
Credit Card Fees

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Transfirst**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Mailing Address 12202 Airport Way Suite 100

**Transaction ID : V12991DDE81509C1FC5B**

City Broomfield State CO Zip Code 80021

Amount of Each Disbursement this Period

634.53
--------

Purpose of Disbursement  
Credit Card Fees

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

1161.66
---------

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

1161.66
---------

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 21st Century PAC**

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**21st Century PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 35AB68BCAD665809953**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Alexander for Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lamar Alexander**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: TN District:

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2013

**Transaction ID : 38CFBAD0E6080654732**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. America Works PAC**

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**America Works PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : F34E862FF1009805376**

Amount of Each Disbursement this Period

1500.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Bill Owens for Congress**

Mailing Address PO Box 1575

City State Zip Code  
Plattsburgh NY 12901

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**William L. Owens**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2013			

**Transaction ID : C189621F0FAA85304D1**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Byrne for Congress Inc**

Mailing Address PO Box 2743

City State Zip Code  
Mobile AL 36652-2743

Purpose of Disbursement  
2013 Special General

011

Category/  
Type

Candidate Name

**Bradley Byrne**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Special

State: AL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : 6504B0E436069A14569**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Chuck Fleischmann for Congress Committee, Inc.**

Mailing Address PO Box 11091

City State Zip Code  
Chattanooga TN 37401

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Charles J. Fleischmann**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : 85B99A04E9243E5AD84**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Collins for Congress**

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Douglas Allen Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2013

**Transaction ID : 4DC974AF303EDFD90F3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Collins for Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
2014 General

011

Candidate Name

**Susan Margaret Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2013

**Transaction ID : 5B79E2D42769F63292F**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : 22CD42FF9818CD881FF**

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Henry A. Waxman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : 8C662ED97622EC9776D**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Conyers for Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**John Conyers Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : F86A2BE8EC98A7EC425**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Courtney for Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Joseph D. Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : 18BD5ADC1D9D9C13B82**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Cramer for Congress**

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502-0396

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Kevin Cramer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ND District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

Transaction ID : F39FA53A1D63ABC2361

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

Transaction ID : 2DB45E96D21C4E899B3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Delbene for Congress**

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Suzan Kay DelBene**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2013

Transaction ID : EC1F965497C4B0EAD45

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Diana Degette for Congress**

Mailing Address PO Box 61337

City State Zip Code  
Denver CO 80206-8337

Purpose of Disbursement  
2014 Primary

**011**  
Category/  
Type

Candidate Name

**Diana L. DeGette**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

/  /

**Transaction ID : 8F6C797CDA323F6BEF8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Enzi for US Senate**

Mailing Address PO Box 2775

City State Zip Code  
Cody WY 82414

Purpose of Disbursement  
2014 General

**011**  
Category/  
Type

Candidate Name

**Michael B. Enzi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

/  /

**Transaction ID : A9ECE5980A905D16D4D**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement  
2014 Primary

**011**  
Category/  
Type

Candidate Name

**James E. Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

/  /

**Transaction ID : 89E5965D782AB819ED0**

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Friends of John Barrow**

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**John Jenkins Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Transaction ID : DF331CC92D98387A20A

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2014 General

011

Candidate Name

**John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : F98D3B7BD96CBD34B9A

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 696F2FC2432A9130AB9

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Todd Christopher Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

Transaction ID : E4182AEB4FC5F45D5F2

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gregg Harper for Congress**

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Gregory Harper**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

Transaction ID : 5E22406D30D6D9BAF43

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Steny H. Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

Transaction ID : CD77423135948192A83

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Hudson for Congress**

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement  
2014 Primary

**011**  
Category/  
Type

Candidate Name

**Richard Lane Hudson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

/  /

**Transaction ID : DD11016B1C51A1843C5**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Joe Kennedy for Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement  
2014 Primary

**011**  
Category/  
Type

Candidate Name

**Joseph P. Kennedy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

/  /

**Transaction ID : 4B17DD9D8BA72926FD1**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. John Tierney for Congress**

Mailing Address 12 Hussey Avenue

City Danvers State MA Zip Code 01923

Purpose of Disbursement  
2014 Primary

**011**  
Category/  
Type

Candidate Name

**John F. Tierney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

/  /

**Transaction ID : 5984E9D701116335CE7**

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Ken Reed for Congress**

Mailing Address 261 Berkmore Place Suite 1C

City Berkeley Springs State WV Zip Code 25411

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Kenneth Ray Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : B621C61240ACFE7F59F**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Latta for Congress**

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402-0106

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Robert E. Latta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : 3DCC1425C81C661629A**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Loeb sack for Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**David Loeb sack**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

**Transaction ID : 3BC6D73CE6A14123ACA**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Majority Committee PAC--Mc PAC**

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Majority Committee PAC--Mc PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : D95CB583494FC11BEDA**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Matheson for Congress**

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**James David Matheson**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: UT District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2013

**Transaction ID : EAE858639803839A368**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 70687B658F36E22F317**

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Mike McIntyre for Congress**

Mailing Address PO Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mike McIntyre**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 9DC3842C027A8D89762**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mike Rogers for Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Michael Dennis Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 61620B8699C8B480057**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Patriots for Perry**

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Scott Gordon Perry**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 316F704E714F3C8FC43**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Peterson for Congress**

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code  
Detroit Lakes MN 56502

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Collin C. Peterson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
									2013				

Transaction ID : C794334C47C7A1BB56C

Amount of Each Disbursement this Period

1000.00											
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Full Name (Last, First, Middle Initial)

**B. Schiff for Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Adam B. Schiff**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
									2013				

Transaction ID : FAE49EDF4B7232BA0B8

Amount of Each Disbursement this Period

2500.00											
---------	--	--	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C. Schock for Congress**

Mailing Address PO Box 10555

City State Zip Code  
Peoria IL 61612

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Aaron Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
									2013				

Transaction ID : 4764B2603E54DF09A2B

Amount of Each Disbursement this Period

2500.00											
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00											
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Southerland for Congress**

Mailing Address PO Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**William Steve Southerland II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2013

**Transaction ID : E61A52BAEBCC4E34AD3**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Texans for Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Henry Roberto Cuellar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

**Transaction ID : F53896077ABCCCA4B73**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Tim Bishop for Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Timothy H. Bishop**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2013

**Transaction ID : 1C416C6D631F0CCF851**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Treasure State PAC**

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Treasure State PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : B6A3BFB267688B07C2D**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Trust PAC Team Republicans for Utilizing Sensible Tactics**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Trust PAC Team Republicans for Utilizing Sensible Tactics**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : 7F704E6756BA2EEB614**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Truth Accountability and Courage Political Action Committee (TACPAC)**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Truth Accountability and Courage Political Action Committee (TACPAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2013

**Transaction ID : A7A562C5C283441D692**

Amount of Each Disbursement this Period

1000.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gregory P. Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : BCF672199B710B20466**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Wells PAC**

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Wells PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : 41744C73D8861B4494A**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

72500.00