

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 100 Daingerfield Road Alexandria VA 22314 2885 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00030809 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. B. Douglas Hoey

Signature of Treasurer Electronically Filed by Mr. B. Douglas Hoey Date 01 31 2011

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

Office Use Only grid with FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		677830.85
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	658037.00									
(c) Total Receipts (from Line 19)	44302.12	374508.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	702339.12	1052339.61								
7. Total Disbursements (from Line 31)	57337.91	407338.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	645001.21	645001.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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)	40339.98	265666.92
(ii) Unitemized	3330.00	102766.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43669.98	368433.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43669.98	368433.26
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	632.14	5075.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44302.12	374508.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44302.12	374508.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2049.76	12231.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2049.76	12231.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55288.15	395107.15
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	57337.91	407338.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57337.91	407338.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 160

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)	43669.98	368433.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43669.98	368433.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2049.76	12231.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2049.76	12231.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 922 Ohio Ave

City State Zip Code
Lynn Haven FL 32444-2354

FEC ID number of contributing federal political committee. C

Name of Employer Adams Pharmacy Inc Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016101

Amount of Each Receipt this Period 100.00

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

Mailing Address 815 Frisco Ave

City State Zip Code
Clinton OK 73601-3322

FEC ID number of contributing federal political committee. C

Name of Employer Salisbury Pharmacy Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016502

Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Julian R. Adams, Jr.

Mailing Address 922 Ohio Ave

City State Zip Code
Lynn Haven FL 32444-2354

FEC ID number of contributing federal political committee. C

Name of Employer Adams Pharmacy Inc Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_008721

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Aimee Aday
Mailing Address 2780 Hwy 101
City Rogersville State AL Zip Code 35652
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 ▼ 300.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_022748
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Kenneth W. Aday, Jr.
Mailing Address 2800 Hwy 101
City Rogersville State AL Zip Code 35652
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 ▼ 300.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_018575
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Michael Agovino
Mailing Address 3887 Sedgwick Ave
City Bronx State NY Zip Code 10463-4401
FEC ID number of contributing federal political committee. **C**
Name of Employer Sedgwick Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_003880
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: (check only one)	PAGE 9 / 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Carl Allison		Date of Receipt
	Mailing Address 780 SE Baya Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Lake City	FL	32025-5403
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_015797
Name of Employer Baya Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	

B.	Full Name (Last, First, Middle Initial) Stephen J. Amato		Date of Receipt
	Mailing Address 938 Patricia Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Dunedin	FL	34698-6023
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_005427
Name of Employer Medicine Shoppe		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Ralph E. Anderson		Date of Receipt
	Mailing Address 631 16th St / PO Box 966		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Bedford	IN	47421-0966
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_007533
Name of Employer Crowders Drug Store Inc		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1002 S Redlands Rd

City State Zip Code
Stillwater OK 74074-1069

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

Name of Employer Occupation
Tiger Drug Company Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_009299

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 988

City State Zip Code
Kitty Hawk NC 27949-0988

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

Name of Employer Occupation
Bear Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_005777

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
David A. Arnold

Mailing Address 1013 Jefferson St

City State Zip Code
Greenfield OH 45123-1283

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

Name of Employer Occupation
Stewarts Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_013406

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 11 / 160
(check only one)

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

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

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

A.

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

Mailing Address 431 Tonawanda St

City State Zip Code
Buffalo NY 14207-2625

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

Name of Employer Occupation
Black Rock Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_017256

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Donald W. Arthur, Jr.

Mailing Address 935 Brighton Rd

City State Zip Code
Tonawanda NY 14150-8113

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

Name of Employer Occupation
Brighton Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_000959

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Kevin Atkins

Mailing Address 701 3rd St

City State Zip Code
Marble Falls TX 78654-5720

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

Name of Employer Occupation
Atkins Pharmacy Services 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_017463

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 12 / 160

(check only one)

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

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

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

A.

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

Mailing Address PO Box 349

City State Zip Code
Chesterfield SC 29709-0349

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

Name of Employer Occupation
Chesterfield Drug Co, Inc. Retired

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_008459

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
Gary Avnet

Mailing Address 14124 Foothill Blvd

City State Zip Code
Sylmar CA 91342-3030

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

Name of Employer Occupation
Sayre Medical Pharmacy Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_012039

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 2007 Camp Jackson Rd

City State Zip Code
Cahokia IL 62206-2544

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

Name of Employer Occupation
Fisher Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_007581

Amount of Each Receipt this Period

150.00

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 13 / 160
(check only one)

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

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

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

A.

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

Mailing Address 711 Main St

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_019276

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Timothy E. Baker

Mailing Address 53 Narragansett Ave

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_011242

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address 702 S McCarty Ave

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_012583

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 14 / 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Charles G. Barger, Sr.		Date of Receipt
	Mailing Address 60 NE 1st St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Pompano Beach	FL	33060-6602
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_008906
Name of Employer Pompano Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	

B.	Full Name (Last, First, Middle Initial) Delane M. Bassett		Date of Receipt
	Mailing Address 419 E Davis St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Luling	TX	78648-2316
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_002378
Name of Employer Luling Discount Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	

C.	Full Name (Last, First, Middle Initial) Richard E. Beck		Date of Receipt
	Mailing Address 802 N Carancahua #1830		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Corpus Christi	TX	78401
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_007754
Name of Employer Texas Pharmacy Business Council		Occupation Vice President Pharmacy Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	

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

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

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

FOR LINE NUMBER: PAGE 15 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
William J. Bell

Mailing Address PO Box 424

City Macon State MS Zip Code 39341-0424

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

Name of Employer City Drug Store Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_005254
 Amount of Each Receipt this Period 50.00

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

Mailing Address 508 N Main St

City Carrollton State IL Zip Code 62016-1027

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

Name of Employer Pharmacy Plus, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_012274
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Robert E. Bertelli

Mailing Address 1210 3rd St

City Atwater State CA Zip Code 95301-4041

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

Name of Employer Bertelli's Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_017671
 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 16 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Leah Bishop

Mailing Address PO Box 159, 51600 S Huntington Rd

City State Zip Code
La Pine OR 97739-9626

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

Name of Employer Occupation
Drug Mart Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_022849

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Timothy N. Bishop

Mailing Address 103 Sand Mountain Dr NE

City State Zip Code
Albertville AL 35950-1709

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

Name of Employer Occupation
Bishops Pharmacy And Gifts Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_009897

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Paul Bivens

Mailing Address 619 W 2nd PO Box 927

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_010569

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 17 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 10921 N 140th Way

City State Zip Code
Scottsdale AZ 85259-4615

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

Name of Employer Occupation
Diamondback Drugs Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_004800

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Bonnie L. Bobbs-Dicello

Mailing Address 1822 W Market St

City State Zip Code
Pottsville PA 17901-2002

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

Name of Employer Occupation
Yorkville Drug Store, Inc. Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_015646

Amount of Each Receipt this Period
100.00

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

Mailing Address 294 Lee Hwy

City State Zip Code
Verona VA 24482-2500

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

Name of Employer Occupation
Verona Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020224

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 18 / 160
(check only one)

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

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

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

A.

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

Mailing Address 760 Merrimon Ave

City State Zip Code
Asheville NC 28804-2451

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

Name of Employer Occupation
Medicine Shoppe Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_002639

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Stephen Bonaccorsi

Mailing Address 39 S BRdway

City State Zip Code
Pitman NJ 08071-1413

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

Name of Employer Occupation
Pitman Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_020889

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 1238 National Pike

City State Zip Code
Hopwood PA 15445-0090

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

Name of Employer Occupation
Rx Plus Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_010065

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 19 / 160
(check only one)

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

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

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

A.

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

Mailing Address PO Box 480999

City Linden State AL Zip Code 36748-0999

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

Name of Employer Little Drug Company Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_004013

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 301 N Center St

City Thomaston State GA Zip Code 30286-3636

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

Name of Employer Big C Discount Drugs Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011336

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Thomas Bowser

Mailing Address 241 W Long Ave

City Du Bois State PA Zip Code 15801-2105

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

Name of Employer Shankels Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_017368

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Sam Boyajian

Mailing Address 131 E Main St

City State Zip Code
Gardner KS 66030-1309

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

Name of Employer Occupation
Gardner Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_018964

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Andrea L. Boyd

Mailing Address PO Box 332

City State Zip Code
Plattsburg MO 64477-0332

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

Name of Employer Occupation
Plattsburg Clinic Pharmacy, Inc. Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_018551

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4344-B Southside Dr

City State Zip Code
Acworth GA 30101

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

Name of Employer Occupation
Lacey Drug Co Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_013468

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 21 / 160

(check only one)

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

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

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

A.

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

Mailing Address 405 Rochelle Ave

City Rochelle Park State NJ Zip Code 07662-3341

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

Name of Employer Occupation
Garden State Pharmacy Owners, Inc. Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_004619

Amount of Each Receipt this Period

150.00

B.

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

Mailing Address 1200 Main St

City Mt Vernon State IL Zip Code 62864

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

Name of Employer Occupation
Byrd-Watson Drug 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_007948

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 2295 Oak Rd

City Snellville State GA Zip Code 30078-2356

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

Name of Employer Occupation
Snells Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_020065

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Stan Britten

Mailing Address 6700 W 9th Ave

City State Zip Code
Amarillo TX 79106-1729

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

Name of Employer Occupation
Adc Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003611

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address PO Box 368

City State Zip Code
Lincolnton NC 28092

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

Name of Employer Occupation
Brookins, Inc D/B/A the Drug Stores President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_004518

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address PO Box 414

City State Zip Code
Lakeville NY 14480-0414

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

Name of Employer Occupation
Livonia Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_017940

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Brossart, Jr.	Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 45B S Miami Ave	Transaction ID: 20080623_015155
	City State Zip Code Cleveland OH 45002-1216	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Brossart 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.	Full Name (Last, First, Middle Initial) Richard Brown	Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 5277 Lincoln Hwy	Transaction ID: 20080623_019968
	City State Zip Code Gap PA 17527-9427	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Longenecker Pharmacy Inc Occupation: Owner/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Joseph G. Brummer	Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address PO Box 107	Transaction ID: 20080623_010376
	City State Zip Code Anthony KS 67003-0107	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Irwin Potter Drug Medical Lab Occupation: Owner/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

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 24 / 160
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Anthony T. Budde, Sr.
Mailing Address 68 N Bellwood Rd
City Bethalto State IL Zip Code 62010-1794
FEC ID number of contributing federal political committee. **C**
Name of Employer Rinderers Drug Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_013703
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Kip Burkett
Mailing Address 302 N Main St
City Rushville State IN Zip Code 46173-1636
FEC ID number of contributing federal political committee. **C**
Name of Employer Rushville Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_010909
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Steve Burklow
Mailing Address 4880 Woodbine Rd
City Pace State FL Zip Code 32571-8762
FEC ID number of contributing federal political committee. **C**
Name of Employer Burklow Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_001099
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 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Cain

Mailing Address 7455 Hanson Rd

City Hanson State KY Zip Code 42413-9415

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

Name of Employer Hanson Pharmacy and Wellness Center Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_022973
 Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 546 Uniondale Ave

City Uniondale State NY Zip Code 11553-2202

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

Name of Employer Uniondale Chemists Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_000778
 Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Jeff 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 ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_004045
 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 26 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_008145
Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_006146
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_008608
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Frank J. Cassidy

Mailing Address 1 Winter St Ste 3

City State Zip Code
Rochester NH 03867-3108

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

Name of Employer Occupation
Care Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_010210

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Brian Caswell

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 ▼
700.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_005275

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Charles R. Catalano

Mailing Address 5737 Main St

City State Zip Code
Flushing NY 11355-5332

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

Name of Employer Occupation
Worlds Fair Ltc Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_005016

Amount of Each Receipt this Period
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Nolton W. Causey, Jr.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011510

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James E. Coast

Mailing Address PO Box 911
109 W Kansas

City State Zip Code
Cimarron KS 67835

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

Name of Employer Occupation
Clark Pharmacy Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006940

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jack L. Coffey

Mailing Address 4502 E. 41st St. Ste 1H13

City State Zip Code
Tulsa OK 74135-2512

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

Name of Employer Occupation
University of Oklahoma Faculty Liaison

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_007995

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 160
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Michael J. Colvin

Mailing Address 14 Fourth Ave.

City State Zip Code
Auburn NY 13021

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

Name of Employer Occupation
Massachusetts College of Pharmacy Pharmacist

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

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022207

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Royce G. Cook, Jr.

Mailing Address 1050 Junction Hwy

City State Zip Code
Kerrville TX 78028-4902

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

Name of Employer Occupation
Kerrville Drug Company Owner/Manager

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

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_002099

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lewis Cooper, Jr.

Mailing Address PO Box 668, 3353 US Hwy 1

City State Zip Code
Vass NC 28394

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

Name of Employer Occupation
Coopers Pharmacy Inc Owner/Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_007141

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 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas Cory

Mailing Address 389 Stafford Rd

City State Zip Code
Fall River MA 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
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_000907

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 1121 Belleville Ave # A

City State Zip Code
Brewton AL 36426-1505

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

Name of Employer Medical Center Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_014290

Amount of Each Receipt this Period
416.65

C.

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

Mailing Address 5828 Reeds Rd

City State Zip Code
Mission KS 66202-2740

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

Name of Employer ScriptPro LLC Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_000396

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **616.65**

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

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

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

FOR LINE NUMBER: PAGE 31 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1123 Adams Ave

City State Zip Code
La Grande OR 97850-2605

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

Name of Employer Occupation
Red Cross United Drug Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_010758

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 13266

City State Zip Code
Edwardsville KS 66113

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

Name of Employer Occupation
Miller Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_001994

Amount of Each Receipt this Period
100.00

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

Mailing Address 1918 Randolph Rd Ste 120

City State Zip Code
Charlotte NC 28207-1107

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

Name of Employer Occupation
Nalle Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_005563

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 32 / 160
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Danhauer

Mailing Address 330 Frederica St

City State Zip Code
Owensboro KY 42301-3005

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

Name of Employer Danhauer Drugs Co Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_006776
Amount of Each Receipt this Period: 100.00

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

Mailing Address 301 E Three Notch St

City State Zip Code
Andalusia AL 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 ▼ 400.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_005926
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Joe T. Daugherty

Mailing Address 1365 Spur Dr - PO Box 93

City State Zip Code
Marshfield MO 65706-0093

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

Name of Employer Stanleys Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_022446
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 33 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Rodolfo Davila, III

Mailing Address 1423 Guadalupe St Ste 108

City San Antonio State TX Zip Code 78207-5568

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

Name of Employer Davila Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_017337

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Rodolfo Davila, Jr.

Mailing Address 1423 Guadalupe St Ste 108

City San Antonio State TX Zip Code 78207-5568

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

Name of Employer Davila Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020443

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
James T. Davis, Jr.

Mailing Address PO Box 1065

City Columbiana State AL Zip Code 35051-1065

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

Name of Employer Davis Drug Company Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020550

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 34 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Norman W. Davis

Mailing Address 1623 21st Ct

City State Zip Code
Phenix City AL 36867-3727

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

Name of Employer Medical Park 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_012210

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 3989

City State Zip Code
Richmond VA 23235-7989

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

Name of Employer Buford Road 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_015849

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Timothy J. Davis

Mailing Address 457 3rd St

City State Zip Code
Beaver PA 15009

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

Name of Employer Beaver Health Mart 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006993

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 322 S Hancock St

City State Zip Code
McAdoo PA 18237-1608

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

Name of Employer Standard Drug Store Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: 20080623_011823

Amount of Each Receipt this Period
100.00

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

Mailing Address 500 Farmington Ave

City State Zip Code
Hartford CT 06105-3106

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

Name of Employer Arrow Prescription Center Occupation Owner/Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: 20080623_005831

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 1139

City State Zip Code
Taylor TX 76574-1139

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

Name of Employer Pfennigs Prescription Pharmacy Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: 20080623_004739

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Kort H. Delost

Mailing Address 47 E 500 S

City State Zip Code
Bountiful UT 84010-6227

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

Name of Employer Occupation
Medicine Shoppe Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_002208

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Carmen A. Dicello

Mailing Address 1819 Mahantongo St.

City State Zip Code
Pottsville PA 17901-3227

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

Name of Employer Occupation
Towne Drugs, Inc. 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_007409

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joseph DiMatteo

Mailing Address 215 Allegheny Ave

City State Zip Code
Oakmont PA 15139-2058

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

Name of Employer Occupation
Medicine Stop 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_009994

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 37 / 160
(check only one)

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

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

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

A.

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

Mailing Address 7717 Beechmont Ave

City State Zip Code
Cincinnati OH 45255-4203

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

Name of Employer Occupation
Kunkel Pharmaceutical Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_012081

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1610 N Main St

City State Zip Code
Altus OK 73521-2145

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

Name of Employer Occupation
Bunker Hill Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_008781

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Larry Doud

Mailing Address PO Box 24389

City State Zip Code
Rochester NY 14624-0389

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

Name of Employer Occupation
Rochester Drug Cooperative, Inc. Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_018701

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 38 / 160

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Mark Doyle		Date of Receipt
	Mailing Address PO Box 192		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centre Hall	PA	16828-0192
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer McLanahan Drug Store		Occupation Owner/Manager	Transaction ID: 20080623_006856
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="40.00"/>

B.	Full Name (Last, First, Middle Initial) David H. Dunson		Date of Receipt
	Mailing Address 99 Main St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Northfork	WV	24868-0397
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Black Diamond Pharmacy		Occupation Owner/Manager	Transaction ID: 20080623_014819
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Vicky Echevarria		Date of Receipt
	Mailing Address 400 Palm Ave		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hialeah	FL	33010-4718
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Palm Avenue Pharmacy Inc		Occupation Owner/Manager	Transaction ID: 20080623_006012
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Arthur Boyd Ennis, Jr.		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 140 Montevallo Ln		Transaction ID: 20080623_004265
	City Birmingham	State AL	Zip Code 35213
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Payless 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	

B.	Full Name (Last, First, Middle Initial) Randy . Epley		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 208 Avery Ave		Transaction ID: 20080623_006373
	City Morganton	State NC	Zip Code 28655-3103
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mansour Farahat		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 27800 Medical Center Rd Ste 99		Transaction ID: 20080623_018081
	City Mission Viejo	State CA	Zip Code 92691-6415
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Mission Medical Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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 40 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Garland Bruce Faulkenberg

Mailing Address 400 Main St

City State Zip Code
Rockport IN 47635

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

Name of Employer Occupation
Rockport Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_019671

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Howard S. Feder

Mailing Address 1454 Myrtle Ave

City State Zip Code
Brooklyn NY 11237-5102

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

Name of Employer Occupation
Myrtle Ave Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_001885

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Barry W. Feely

Mailing Address 8093 N Cornerstone Dr

City State Zip Code
Hayden ID 83835-8753

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

Name of Employer Occupation
Medicine Man Prairie Phcy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003934

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 41 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

David Jue Fong

Mailing Address 801 NBrand Blvd. Ste 330

City State Zip Code
Glendale CA 91203-1269

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

Name of Employer Occupation
United Pharmacists Network, Inc. Network Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003226

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James M. Forbes

Mailing Address 100 N Grand Ave

City State Zip Code
Houston MO 65483-1222

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

Name of Employer Occupation
Forbes Rexall Drug Owner/Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_001455

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Thomas E. Fuller

Mailing Address 223 N Main St PO Box 1109

City State Zip Code
Marion SC 29571-3025

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

Name of Employer Occupation
Professional Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_020966

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David Fulton, Jr.

Mailing Address 236 N. Market St.

City State Zip Code
Frederick MD 21701

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

Name of Employer Occupation
Whitesells Pharmacy 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
0	6		2	3		2	0	0	8

Transaction ID: 20080623_013942

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 1020 Elmhurst Ave

City State Zip Code
Concordia KS 66901

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

Name of Employer Occupation
Funk Pharmacy 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
0	6		2	3		2	0	0	8

Transaction ID: 20080623_012946

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Alfred Gagliardi

Mailing Address PO Box 219

City State Zip Code
West Grove PA 19390-0219

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

Name of Employer Occupation
Southern Chester County Phcy President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: 20080623_018951

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: (check only one)	PAGE 43 / 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rick Gallaher		Date of Receipt
	Mailing Address 804 Ridgeway Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Signal Mountain	TN	37377-3065
	FEC ID number of contributing federal political committee.		Transaction ID: 20080623_016239
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer Signal Mountain Pharmacy		Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Lorri Gebo-Shaver		Date of Receipt
	Mailing Address 235 S 4th Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Pocatello	ID	83201-6438
	FEC ID number of contributing federal political committee.		Transaction ID: 20080623_014540
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Shaver Pharmacy & Compounding Center		Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

C.	Full Name (Last, First, Middle Initial) Charles M. George		Date of Receipt
	Mailing Address 58 Main St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Akron	NY	14001-1240
	FEC ID number of contributing federal political committee.		Transaction ID: 20080623_004076
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Akron Pharmacy		Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003316

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
R. George Gillman

Mailing Address 480 Main St

City State Zip Code
Brookville IN 47012-1406

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

Name of Employer Occupation
George's Family Pharmacy Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_015258

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 1450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_009350

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Evans R. Glasgow, Sr.
Mailing Address PO Box 918

City State Zip Code
Amite LA 70422-0918

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

Name of Employer Thrift-Town Healthmart Pharmacy
Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8
Transaction ID: 20080623_001944
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Gary Glisson
Mailing Address PO Box 400

City State Zip Code
Nashville NC 27856-0400

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

Name of Employer Ward Drug Company of Nashville
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
0 6 / 2 3 / 2 0 0 8
Transaction ID: 20080623_012506
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Patricia J. Gollner
Mailing Address 2115 N Kansas Ave Ste 101

City State Zip Code
Hastings NE 68901-2615

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

Name of Employer Keiths Medical Park Pharmacy
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
0 6 / 1 1 / 2 0 0 8
Transaction ID: 20080611_004068
Amount of Each Receipt this Period 250.00

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 46 / 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Nancy Gott		Date of Receipt	
	Mailing Address 2403 E Plaza Blvd		M M / D D / Y Y Y Y 06 / 23 / 2008	
	City	State	Zip Code	Transaction ID: 20080623_000871
	National City	CA	91950-5101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Wells Drug		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Eric L. Graf		Date of Receipt	
	Mailing Address 8614 Hartman Rd		M M / D D / Y Y Y Y 06 / 23 / 2008	
	City	State	Zip Code	Transaction ID: 20080623_012870
	Wadsworth	OH	44281-9404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
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 ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Robert Greenwood		Date of Receipt	
	Mailing Address 224 Byron Ave		M M / D D / Y Y Y Y 06 / 23 / 2008	
	City	State	Zip Code	Transaction ID: 20080623_013586
	Waterloo	IA	50702-3704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Greenwood Drug, Inc.		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

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 47 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Bobby Gregg

Mailing Address 511 Asheville Hwy

City State Zip Code
Greenville TN 37743-4669

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

Name of Employer Occupation
Atchley Drug Center Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_002170

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paul R. Grisnik

Mailing Address 111 Mill St

City State Zip Code
Grove City PA 16127-1514

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

Name of Employer Occupation
Rx Xpress 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003436

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_002726

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 48 / 160
(check only one)

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

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

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

A.

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

Mailing Address 903 W. Frank Ave

City Lufkin State TX Zip Code 75904-3344

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

Name of Employer Medicine Shoppe Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_004337
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Aaron Gwinn

Mailing Address 840 N Jefferson St

City Lewisburg State WV Zip Code 24901-9504

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

Name of Employer Greenbrier Medical Arts Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_022329
Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Amber Haag

Mailing Address 1961 Burlingame Rd

City Emporia State KS Zip Code 66801-7940

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

Name of Employer The Medicine Shoppe Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_018397
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 160

(check only one)

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

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

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

A.

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

Mailing Address 101 Pleasant St

City State Zip Code
S Weymouth MA 02190-2400

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

Name of Employer Occupation
Oldens Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_016319

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
John G. Haeberle

Mailing Address 721W21 St

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
Haeberle Grand Central Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_007668

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
John Hagan

Mailing Address 511 Memorial Blvd

City State Zip Code
Springfield TN 37172-2905

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

Name of Employer Occupation
Springfield Drugs Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_013333

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 50 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Travis Scott Hall

Mailing Address 700 W Pine St

City State Zip Code
Mount Airy NC 27030-4442

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

Name of Employer Occupation
Mt Airy Drug Health Mart Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_018650

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_009148

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Eric J. Hamik

Mailing Address 3611 2nd Ave

City State Zip Code
Kearney NE 68847-8104

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

Name of Employer Occupation
U Save Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_000419

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 51 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jeffrey E. Harder

Mailing Address 255 Orchard View Terrace

City State Zip Code
Medford OR 97504

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

Name of Employer Occupation
West Main Pharmacy 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
06 / 23 / 2008

Transaction ID: 20080623_013165

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 152643

City State Zip Code
Arlington TX 76015-8643

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

Name of Employer Occupation
DFW Prescriptions Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2008

Transaction ID: 20080623_014052

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Craig Harmon

Mailing Address PO Box 758

City State Zip Code
Chapin SC 29036

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

Name of Employer Occupation
Chapin Pharmacy 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
06 / 23 / 2008

Transaction ID: 20080623_003352

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 160
(check only one)

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

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

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

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

Mailing Address PO Box 610

City State Zip Code
Kapaau HI 96755-0610

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

Name of Employer Occupation
Kamehameha Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022789

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Debra L. Harron

Mailing Address 144 Mountain View Rd

City State Zip Code
Mars Hill NC 28754-9700

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

Name of Employer Occupation
Mars Hill Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_003757

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_010794

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Steve E. Hartwig

Mailing Address 52 E Arrow St

City Marshall State MO Zip Code 65340-2101

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

Name of Employer Red Cross Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_009399
 Amount of Each Receipt this Period: 150.00

B.

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

Mailing Address PO Box 4474

City Odessa State TX Zip Code 79760-4474

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

Name of Employer Evans Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_008085
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Lisa Hebert

Mailing Address 1710 Johnson St

City Jennings State LA Zip Code 70546-3624

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

Name of Employer Family Drug Store Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_019112
 Amount of Each Receipt this Period: 100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 160
(check only one)

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

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

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

A.

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

Mailing Address 160 Business Park Cir

City Stoughton State WI Zip Code 53589-3392

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

Name of Employer Heckman & Associates Inc., IPA Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_015456

Amount of Each Receipt this Period 150.00

B.

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

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 ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_014890

Amount of Each Receipt this Period 150.00

C.

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

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 ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_017302

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address PO Box 965

City State Zip Code
Monroe GA 30655-0965

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

Name of Employer Carmichael Drugs Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_007232

Amount of Each Receipt this Period
100.00

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

Mailing Address 1020 Richland Ave W

City State Zip Code
Aiken SC 29801-3224

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

Name of Employer Medicine Shoppe Occupation Pharmacist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022169

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Patrick R. Hilger

Mailing Address 714 N Main St

City State Zip Code
Russell KS 67665-1931

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

Name of Employer Gregwire Drug Store Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_005620

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 1509 W 12th Ave

City State Zip Code
Emporia KS 66801-2457

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

Name of Employer Occupation
Medicine Shoppe Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_009845

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 30 E Dover St

City State Zip Code
Easton MD 21601

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

Name of Employer Occupation
Hills Drug Store Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_000532

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Thomas R. Hodel

Mailing Address 299 N. Binkley St

City State Zip Code
Soldotna AK 99669

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

Name of Employer Occupation
Soldotna Professional Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_011973

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 57 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address PO Box 9

City Gloucester State VA Zip Code 23061-0009

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

Name of Employer Gloucester Pharmacy Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_015755
Amount of Each Receipt this Period 150.00

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

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 ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_004153
Amount of Each Receipt this Period 50.00

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

Mailing Address 1595 Harrison St

City Batesville State AR Zip Code 72501-7222

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

Name of Employer Econo Mart Pharmacy Inc Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_012320
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 673 W Karsch Blvd

City Farmington State MO Zip Code 63640-3314

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

Name of Employer: Holman Healthcare, Inc. Occupation: Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_002937
Amount of Each Receipt this Period: 150.00

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

Mailing Address 71 124th Ave

City Shelbyville State MI Zip Code 49344-9772

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

Name of Employer: Weick's Pharmacy Occupation: Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_019317
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
David Wayne Hopkins

Mailing Address 204 S Talbot

City St Michaels State MD Zip Code 21663

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 ▼ 300.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_022604
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 59 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Edmund R. Horton

Mailing Address 2445 NW Loop Ste A

City State Zip Code
Stephenville TX 76401-1705

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

Name of Employer Occupation
Tanglewood Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.01

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_008554

Amount of Each Receipt this Period
416.67

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

Mailing Address 16103 McMullen Hwy SW

City State Zip Code
Cumberland MD 21502-6207

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

Name of Employer Occupation
Steve's Pharmacy Inc. Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_013288

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Hayden O. Houston, Jr.

Mailing Address PO Box 155

City State Zip Code
Hebron CT 06248-0155

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

Name of Employer Occupation
Hebron Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_003697

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **616.67**

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 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Brian Huckle

Mailing Address 5632 E Creek Rd

City State Zip Code
South Wales NY 14139

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

Name of Employer Pharmacy First/Wholesale Alliance L.L.C. Occupation CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_021701

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
David Humphries

Mailing Address PO Box 40

City State Zip Code
Burnet TX 78611-0040

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

Name of Employer Lake Area 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003110

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Jabir Husain

Mailing Address 1526 Cortelyou Rd

City State Zip Code
Brooklyn NY 11226-5608

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

Name of Employer Greenfield 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_017425

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John A. Hutchison
Mailing Address 101 W Market St
City State Zip Code
Mount Carroll IL 61053-1031
FEC ID number of contributing federal political committee. **C**
Name of Employer Pharmacy Center Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_001017
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Peter K. Illig
Mailing Address 445 BRd St
City State Zip Code
Salamanca NY 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 ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_012806
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Jonathan D. Jacobs
Mailing Address 413 BRdway St
City State Zip Code
Berlin PA 15530-1001
FEC ID number of contributing federal political committee. **C**
Name of Employer Berlin Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016346
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 62 / 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Howard Jacobson		Date of Receipt
	Mailing Address 30 Hempstead Ave Ste 156		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rockville Centre	NY	11570-4038
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_010975
Name of Employer Rockville Centre Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Malcolm Janet		Date of Receipt
	Mailing Address 4900 Prospect Ave Ste 106		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Yorba Linda	CA	92886-2128
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_017196
Name of Employer Linda Vista Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="50.00"/>

C.	Full Name (Last, First, Middle Initial) H. Barry Jarnigan		Date of Receipt
	Mailing Address PO Box 17124		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Memphis	TN	38187-0124
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_019596
Name of Employer StoneRiver Pharmacy Solutions		Occupation VP Marketing and Product Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dennis P. Johnson		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
Mailing Address 708 S Washington St		Transaction ID: 20080623_016641
City Grand Forks	State ND	Zip Code 58201-4328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Walls Medicine Center Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.

Full Name (Last, First, Middle Initial) Mark Johnson		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
Mailing Address 109 S Main St		Transaction ID: 20080623_006646
City Colfax	State WA	Zip Code 99111-1803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Tick Klock Drugs Llc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Fletcher E. Johnston		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
Mailing Address 278 Hwy 24 Ste M		Transaction ID: 20080623_022252
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Park Phcy W	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 64 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_013094

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
Chad A. Jones

Mailing Address 406 W 6th St

City State Zip Code
Chelsea OK 74016-1637

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

Name of Employer Occupation
Chelsea Family Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_020157

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Tony Jones

Mailing Address 4207 88th St

City State Zip Code
Lubbock TX 79423-2941

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

Name of Employer Occupation
Caprock Discount Drug 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_013850

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 65 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Finny Joseph

Mailing Address 213 W Main St

City State Zip Code
Durham NC 27701-3213

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

Name of Employer Occupation
Main Street Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_021851

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Steven C. Judy

Mailing Address 24 N Main St

City State Zip Code
Petersburg WV 26847-1518

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

Name of Employer Occupation
Judys Drug Store Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_008861

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_017783

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 66 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John G. Kaiser, Jr.
Mailing Address 251 Benedict Ave
City Norwalk State OH Zip Code 44857
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Wells Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_011151
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Jason Kasiar
Mailing Address 1409 Locust St
City Eldorado State IL Zip Code 62930-1629
FEC ID number of contributing federal political committee. **C**
Name of Employer Beck's Drugs Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_000188
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Michael L. Keller
Mailing Address 141 Hospital Dr PO Box 498
City Salem State KY Zip Code 42078-0498
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinic Pharmacy Of Ky Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_005887
Amount of Each Receipt this Period 150.00

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 67 / 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) E. Harold Kemp		Date of Receipt
	Mailing Address 107 S Duval St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Claxton	GA	30417-2029
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_001323
Name of Employer Kemps Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="600.00"/>	

B.	Full Name (Last, First, Middle Initial) William C. Kennedy		Date of Receipt
	Mailing Address 28 W Ridge St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lansford	PA	18232-1330
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_003663
Name of Employer Medicine Shoppe		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="400.00"/>	

C.	Full Name (Last, First, Middle Initial) Cathi Ketterling		Date of Receipt
	Mailing Address 1109 Main St		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Buhl	ID	83316-1629
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_006680
Name of Employer Sav-Mor Drug		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 68 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1101 W. 120th Ave, Ste 400

City State Zip Code
Broomfield CO 80021

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_014137

Amount of Each Receipt this Period
200.00

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

Mailing Address 4290 Kinsey Dr

City State Zip Code
Tyler TX 75703-1024

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

Name of Employer Occupation
Kinseys Pharmacy President

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006554

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Timothy J. Kirk

Mailing Address 8946 Lewis Ave.

City State Zip Code
Temperance MI 48182

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

Name of Employer Occupation
Crary Drug Owner/Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_021978

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Sherwood Klein, Jr.
Mailing Address 6133 Route 219 Ste 1004
City Ellicottville State NY Zip Code 14731-0368
FEC ID number of contributing federal political committee. **C**
Name of Employer Ellicottville Pharmacy Inc Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_017884
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Mark T. Kleinbeck
Mailing Address 2210 Barron Rd
City Poplar Bluff State MO Zip Code 63901-1908
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwest Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_021161
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Richard Klenk
Mailing Address 67 Lemay Ct
City Williamsville State NY Zip Code 14221
FEC ID number of contributing federal political committee. **C**
Name of Employer Ivylea Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_009204
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 450.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 70 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John P. Kollhoff

Mailing Address 401 NE 9th St

City Abilene State KS Zip Code 67410-2133

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

Name of Employer Graves Drugs Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_019712
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Sterling Koonce

Mailing Address PO Box 580

City Tabor City State NC Zip Code 28463-0580

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

Name of Employer Koonce Medicine Mart Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_004100
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
William E. Koonce

Mailing Address 101 W Main St

City Spindale State NC Zip Code 28160-1539

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

Name of Employer Spindale Drug Company Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_000674
 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 71 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Chuck Kray

Mailing Address 731 Cherry Dr

City State Zip Code
Hershey PA 17033-2006

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

Name of Employer Occupation
Hershey Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011868

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Joe Kress

Mailing Address 1910 Cochran Rd

City State Zip Code
Pittsburgh PA 15220-1102

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

Name of Employer Occupation
Westbrook Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006456

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Greg Kurtz

Mailing Address 406 W Putnam Ave

City State Zip Code
Porterville CA 93257-3321

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

Name of Employer Occupation
Seven 02 Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_016762

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 72 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Chester A. Kuykendall, Jr.
Mailing Address 500 W Commercial St
City Ozark State AR Zip Code 72949-0292
FEC ID number of contributing federal political committee. **C**
Name of Employer Village Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_008036
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Deborah Lange
Mailing Address 5362 Pinecastle Ct
City West Chester State OH Zip Code 45069-1811
FEC ID number of contributing federal political committee. **C**
Name of Employer Target Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_020035
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Nancy Laporte
Mailing Address PO Box 216
City Hennessey State OK Zip Code 73742-0216
FEC ID number of contributing federal political committee. **C**
Name of Employer La Porte Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_006409
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 73 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Tim G. Larsen

Mailing Address PO Box 5120

City State Zip Code
Yelm WA 98597-5120

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

Name of Employer Occupation
Tims Pharmacy And Gift Shop 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_012730

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
John D. Lassiter

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 ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_010109

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Sharlea Leatherwood

Mailing Address 7275 N Oak Trfy / PO BOX 28444

City State Zip Code
Gladstone MO 64188

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

Name of Employer Occupation
Great Oak Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011381

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 160
(check only one)

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

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

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

A.

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

Mailing Address 13 Rockledge Ln

City State Zip Code
Tunkhannock PA 18657-6855

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

Name of Employer Occupation
Lech's Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2133.32

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_013237

Amount of Each Receipt this Period
416.66

B.

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

Mailing Address 2909 Loma Vista Rd

City State Zip Code
Ventura CA 93003-2915

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

Name of Employer Occupation
Roger's Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_016548

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Deanna D. Leikach

Mailing Address 2025 Suffolk Rd

City State Zip Code
Finksburg MD 21048-1633

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

Name of Employer Occupation
Finksburg Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_003587

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **666.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 160

(check only one)

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

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

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

A.

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

Mailing Address 6350 Frederick Rd

City State Zip Code
Baltimore MD 21228-2305

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

Name of Employer Occupation
Catonsville Pharmacy Llc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_015526

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Thomas J. Liautaud

Mailing Address 2201 W Temple St

City State Zip Code
Los Angeles CA 90026-4917

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

Name of Employer Occupation
California Medical Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_001738

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Ron Lind

Mailing Address PO Box 99

City State Zip Code
Freeland WA 98249

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

Name of Employer Occupation
Linds' Freeland Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_005733

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Ken Lloyd

Mailing Address PO Box 441

City State Zip Code
Berry AL 35546-0441

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

Name of Employer Occupation
Berry Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_004194

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Kenneth Long

Mailing Address 433 W Hill St

City State Zip Code
Thomson GA 30824-2116

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

Name of Employer Occupation
Longs Drug Stores of SC Inc. Owner/Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006046

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Lonnie Long

Mailing Address 2101 N Main St.

City State Zip Code
Altus OK 73521

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

Name of Employer Occupation
Rexco Drug 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_014344

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 77 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Ennie V. Lopez

Mailing Address PO Box 356

City State Zip Code
Caguas PR 00726-0356

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

Name of Employer Occupation
Farmacia Betances Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_009759

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Bradley A. Lueneburg

Mailing Address 237 Hassan St. SE/PO Box 695

City State Zip Code
Hutchinson MN 55350

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

Name of Employer Occupation
Family Rexall Drug Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_015223

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Scott Mace

Mailing Address PO Box 777
PO Box 777

City State Zip Code
Rock Hill NY 12775

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

Name of Employer Occupation
Rock Hill Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022638

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 78 / 160
(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

<p>A. Full Name (Last, First, Middle Initial) Neil A. Macklin</p> <p>Mailing Address 2750 Dundee Rd Ste 9</p> <p>City State Zip Code Northbrook IL 60062-2600</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Dundee Pharmacy Inc Occupation: Owner/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 23 / 2008</p> <p>Transaction ID: 20080623_006113</p> <p>Amount of Each Receipt this Period 50.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Eddie M. Madden</p> <p>Mailing Address 101 College Ave</p> <p>City State Zip Code Elberton GA 30635-1705</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Maddens Pharmacy Occupation: Owner/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 23 / 2008</p> <p>Transaction ID: 20080623_009073</p> <p>Amount of Each Receipt this Period 100.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Jerid Maddox</p> <p>Mailing Address 501 Teaco Rd</p> <p>City State Zip Code Kennett MO 63857-3721</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Teko Pharmacy Occupation: Owner/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 23 / 2008</p> <p>Transaction ID: 20080623_021025</p> <p>Amount of Each Receipt this Period 50.00</p>
---	---

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 79 / 160
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
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: Patton Pharmacy And V And S Variety
Occupation: Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt: MM / DD / YYYY
06 / 23 / 2008
Transaction ID: 20080623_010156
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Vijay T. Maktal
Mailing Address 325 Raritan Ave

City State Zip Code
Highland Park NJ 08904-2701

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 ▼
600.00

Date of Receipt: MM / DD / YYYY
06 / 23 / 2008
Transaction ID: 20080623_020002
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Matt Mallinson
Mailing Address 11200 1/2 E US Hwy 24

City State Zip Code
Independence MO 64054-1514

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

Name of Employer: Matts Medicine Store
Occupation: Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt: MM / DD / YYYY
06 / 23 / 2008
Transaction ID: 20080623_000104
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 80 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_021411

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 5008 Peters Creek Pkwy

City State Zip Code
Winston Salem NC 27127-7276

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

Name of Employer Occupation
Marley Drug Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_021572

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 631 Cherry Hill Rd

City State Zip Code
Baltimore MD 21225-1228

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

Name of Employer Occupation
South Baltimore Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011670

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
James L. Martin, Sr.

Mailing Address 410 Golf Crest Ln

City Austin 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 ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_012424
Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 5201 Capitol Blvd SW

City Tumwater State WA Zip Code 98501-4418

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

Name of Employer Martins Southgate Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_010024
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Sonia E. Martinez

Mailing Address 6627 So. Dixie Hwy.

City Miami State FL Zip Code 33143

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

Name of Employer Marco Drugs & Compounding Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_021936
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 82 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 101 Canal St

City State Zip Code
Ellenville NY 12428-1403

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

Name of Employer Occupation
Matthews Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_001544

Amount of Each Receipt this Period
100.00

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

Mailing Address 410 S Meier Rd

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Occupation
Ballin Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_001634

Amount of Each Receipt this Period
150.00

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

Mailing Address 813A Lower Main St

City State Zip Code
Saxton PA 16678-1139

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

Name of Employer Occupation
Mccahans Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_002541

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 160
(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

<p>A. Full Name (Last, First, Middle Initial) Beth McCullough</p> <p>Mailing Address 121 E Van Buren STE C</p> <p>City State Zip Code Eureka Springs AR 72632</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Medical Park Pharmacy Owner/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt 06 / 23 / 2008</p> <p>Transaction ID: 20080623_020839</p> <p>Amount of Each Receipt this Period 75.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Steven McDaniel</p> <p>Mailing Address 5901 Bell St Ste C-32</p> <p>City State Zip Code Amarillo TX 79109-6263</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Southpark Pharmacy Owner/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 23 / 2008</p> <p>Transaction ID: 20080623_017157</p> <p>Amount of Each Receipt this Period 100.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Larry T. McIntosh</p> <p>Mailing Address 10227 Hartshill Ln</p> <p>City State Zip Code Saint Louis MO 63128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pharmax Pharmacy #1302 President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 23 / 2008</p> <p>Transaction ID: 20080623_018450</p> <p>Amount of Each Receipt this Period 100.00</p>
--	--

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Steve A. McLean

Mailing Address 801 S Main St

City State Zip Code
Laurinburg NC 28352-4724

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

Name of Employer Occupation
Medicine Shoppe Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_004374

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mark McMurry

Mailing Address 6513 Tobago Dr. #11

City State Zip Code
Saint Thomas VI 802

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

Name of Employer Occupation
Arch Street Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022960

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Leo McStroul

Mailing Address 8704 Sepulveda Blvd

City State Zip Code
North Hills CA 91343

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

Name of Employer Occupation
Santa Clarita Health Care Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_015990

Amount of Each Receipt this Period
150.00

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

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

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

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

FOR LINE NUMBER: PAGE 85 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Warren G. Meador

Mailing Address PO Box 1749

City Elk City State OK Zip Code 73648-1749

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

Name of Employer Meador Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_009719
 Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_019846
 Amount of Each Receipt this Period 50.00

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

Mailing Address 100 SAve East

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 ▼ 750.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_005320
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 160

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Jerry Meyers		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address 20914 Roscoe Blvd		Transaction ID: 20080623_016201		
	City Canoga Park	State CA	Zip Code 91304-4308	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00		
Name of Employer DeSoto Pharmacy		Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Bethany L. Miller		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address 10 W BRdway		Transaction ID: 20080623_018508		
	City Red Lion	State PA	Zip Code 17356-2102	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00		
Name of Employer Lion Pharmacy		Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David M. Miller		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address 678 Wyckoff Ave		Transaction ID: 20080623_014178		
	City Wyckoff	State NJ	Zip Code 07481-1430	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Miller's of Wyckoff, Inc.		Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 4021 Cascade Rd SE Ste 50

City State Zip Code
Grand Rapids MI 49546-2149

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

Name of Employer Partners in Pharmacy Cooperative Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020093

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Laird Miller

Mailing Address 4515 Arlington Ct

City State Zip Code
Gainesville GA 30506

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

Name of Employer Medical Park Pharmacy Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022879

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Michael W. Minesinger

Mailing Address 311 N Western Ave

City State Zip Code
Peoria IL 61604

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

Name of Employer American Pharmacy of Illinois Occupation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_000073

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 88 / 160
(check only one)

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

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

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

A.

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

Mailing Address 6701 Harford Rd

City Baltimore State MD Zip Code 21234

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

Name of Employer Northern Pchy And Med Equipment
Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_008342
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
J. Scott Miskovsky

Mailing Address PO Box A

City Forest City State PA Zip Code 18421-0130

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

Name of Employer Red Cross Pharmacy
Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_012471
Amount of Each Receipt this Period 100.00

C.

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

Mailing Address 116 Jimmie Davis Blvd

City Jonesboro State LA Zip Code 71251-3355

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 ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016989
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 89 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Clay W. Moore

Mailing Address 11101 Hefner Pointe Dr Ste 101

City State Zip Code
Oklahoma City OK 73120-5054

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

Name of Employer Occupation
Medic Pharmacy Hefner Pointe Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_002892

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Steven F. Moore

Mailing Address 28 Montcalm Ave

City State Zip Code
Plattsburgh NY 12901-1533

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

Name of Employer Occupation
Condo Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020350

Amount of Each Receipt this Period
150.00

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

Mailing Address 101 W Sinton St Ste B

City State Zip Code
Sinton TX 78387-2552

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

Name of Employer Occupation
Moore's Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_007829

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 90 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
W. Whitaker Moose

Mailing Address PO Box 67

City State Zip Code
Mount Pleasant NC 28124-0067

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

Name of Employer Occupation
Moose Drug Company Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_009803

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Garry Moreland

Mailing Address 124 N Congress St

City State Zip Code
Rushville IL 62681-1434

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

Name of Employer Occupation
Moreland And Devitt Inc President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_018902

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
A. L. Morris, III

Mailing Address PO Box 6737

City State Zip Code
Pickens SC 29671-0066

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

Name of Employer Occupation
Corner Drug Store Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_003048

Amount of Each Receipt this Period
75.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Terry B. Morris

Mailing Address 127 N Main St

City Paullina State IA Zip Code 51046-7758

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

Name of Employer Barama Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_020924
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Joseph A. Mosso, Sr.

Mailing Address 304 St John Dr

City Latrobe State PA Zip Code 15650-1022

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

Name of Employer Mosso's Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_007331
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Deann Mullins

Mailing Address 830 Ohio Ave

City Lynn Haven State FL Zip Code 32444-2352

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

Name of Employer Mullins Pharmacy, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_015360
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dave Nation

Mailing Address 3030 Burlew Blvd # B

City State Zip Code
Owensboro KY 42303-6486

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

Name of Employer Nations Medicines 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_008666

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
P. Kevin Nestrick

Mailing Address 1151 W Iron Springs Rd Ste D

City State Zip Code
Prescott AZ 86305-1614

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

Name of Employer Altius Health Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_010873

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Robert D. Norman

Mailing Address 124 W. Washington Ave

City State Zip Code
Ava MO 65608-0457

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

Name of Employer Ava Drug Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_018167

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 93 / 160

(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Stephen Norman

Mailing Address 101 E Main St.

City Willow Spgs State MO Zip Code 65793

FEC ID number of contributing federal political committee. C

Name of Employer Ferguson Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_008517

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Gregory Notaro

Mailing Address 1769 Orchard Park Rd

City West Seneca State NY Zip Code 14224-4624

FEC ID number of contributing federal political committee. C

Name of Employer Union Medical Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_006331

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mary Lou Notaro

Mailing Address 1769 Orchard Park Rd

City Buffalo State NY Zip Code 14210

FEC ID number of contributing federal political committee. C

Name of Employer Clinical Support Services Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_021107

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 94 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Patrick O'Donnell

Mailing Address 821 S 38th St

City Tacoma State WA Zip Code 98418-5028

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

Name of Employer Lincoln Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_021656
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Gerard O'Hare

Mailing Address 66 W Pike St

City Canonsburg State PA Zip Code 15317-1314

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

Name of Employer Jeffrey's Drug Store, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_013644
 Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Stephanie Goodart O'Neal

Mailing Address PO Box 757

City Wynne State AR Zip Code 72396-0757

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

Name of Employer Wynne Medical Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_005491
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Patrick A. O'Shea

Mailing Address 509 N Main St

City State Zip Code
Bridgewater VA 22812-1626

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

Name of Employer Occupation
Bridgewater Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011778

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John F. Ochs

Mailing Address 301 Bridge St

City State Zip Code
Charlevoix MI 49720-1414

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

Name of Employer Occupation
Central Drug Store 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_010533

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Frank A. Odeh

Mailing Address 3026 Javier Rd

City State Zip Code
Fairfax VA 22031-4636

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

Name of Employer Occupation
Prosperity Speciality Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_019516

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 96 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Tony Ogden
 Mailing Address 6415 Sands Dr
 City Pasadena State TX Zip Code 77505-3841
 Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_006609
 Amount of Each Receipt this Period 100.00
 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 600.00

B. Full Name (Last, First, Middle Initial)
Bill Osborn
 Mailing Address 1505 E Bj Tunnell Blvd
 City Miami State OK Zip Code 74354-3801
 Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016281
 Amount of Each Receipt this Period 100.00
 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 600.00

C. Full Name (Last, First, Middle Initial)
Kenton H. Page
 Mailing Address 5110 N BRdway St Ste 2
 City Knoxville State TN Zip Code 37918-2396
 Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_012139
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medicine Shoppe #1396 Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.00

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 97 / 160

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Palmer

Mailing Address 1160 E Saint Clair St

City State Zip Code
Vincennes IN 47591-4853

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

Name of Employer Occupation
North Side Pharmacy President

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_009679

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
George Papageorge

Mailing Address PO Box 1171

City State Zip Code
Nipomo CA 93444-1171

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

Name of Employer Occupation
Nipomo Rexall Drugs 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_014204

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Scott E. Parker

Mailing Address 116 E Chapman Ave

City State Zip Code
Orange CA 92866-1402

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

Name of Employer Occupation
Watson Drug 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_014928

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 98 / 160
(check only one)

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

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

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

A.

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

Mailing Address PO Box 112

City State Zip Code
Hamilton TX 76531-0112

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

Name of Employer Occupation
Jordan Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020605

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Howard Allan Pavia

Mailing Address 400 N Kaufman St

City State Zip Code
Linden TX 75563-5234

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

Name of Employer Occupation
Linden Legend Drug Co Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_017987

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
William A. Pearson

Mailing Address 1700 N Waterman Ave

City State Zip Code
San Bernardino CA 92404-5115

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

Name of Employer Occupation
Pearson Medical Group Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_001762

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 99 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Stephen D. Perine

Mailing Address PO Box 707

City State Zip Code
Rossville KS 66533-0707

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

Name of Employer Occupation
Doug's Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_011057

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Katherine Petsos

Mailing Address 90 S Sykes Creek Pkwy

City State Zip Code
Merritt Island FL 32952-3593

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

Name of Employer Occupation
Walgreens Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_021261

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Doug Phillips

Mailing Address 12 N 3rd St

City State Zip Code
Altamont IL 62411-1408

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

Name of Employer Occupation
Altamont Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_012662

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Sid Pierson

Mailing Address 825 SE Bishop Blvd, Ste 301

City State Zip Code
Pullman WA 99163

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

Name of Employer Occupation
Sids Professional Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_022818

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Martin E. Pietruszewski

Mailing Address 2890 Elmwood Ave

City State Zip Code
Buffalo NY 14217-1325

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

Name of Employer Occupation
Kenmore Rx Center 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_002464

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Jeff Pippenger

Mailing Address 401 S Main St

City State Zip Code
Eufaula OK 74432-3251

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

Name of Employer Occupation
Eufaula Pharmacy, Inc. 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_021530

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 101 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Peter A. Pogany

Mailing Address 611 Park Ave

City State Zip Code
Plainfield NJ 07060-1612

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Rapps Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_005095

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Lloyd Venson Powers, Jr.

Mailing Address 3985 Meeting St

City State Zip Code
Loris SC 29569-3053

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Medicine Shoppe Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_022299

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Kerry A. Prickett

Mailing Address 740 Donna Dr

City State Zip Code
Birmingham AL 35226-2838

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Medical Center Pharmacy Vice President, Supervising Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_020322

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 102 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dan Priest

Mailing Address 1494 State Hwy 248

City Branson State MO Zip Code 65616

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

Name of Employer Lakeland Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_022473
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Zachary Proniloff

Mailing Address 2611 E. Washington Blvd.

City Pasadena State CA Zip Code 91107

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

Name of Employer Ararat Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_021955
Amount of Each Receipt this Period 100.00

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

Mailing Address Box 1323 331 Enterprise Blvd

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 ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_007699
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 103 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Rissa H. Pryse

Mailing Address 310 E Central Ave

City State Zip Code
La Follette TN 37766-3617

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

Name of Employer Occupation
Terrys Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_003151

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Thomas M. Quinlan

Mailing Address 107 N Main St

City State Zip Code
Wayland NY 14572-1033

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

Name of Employer Occupation
Quinlan Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_012620

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Thomas Rains

Mailing Address 1003 Madison St

City State Zip Code
Oak Park IL 60302-4412

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

Name of Employer Occupation
Sears Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.02

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_003544

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
James R. Rankin
Mailing Address 1106 BRdway
City Highland State IL Zip Code 62249-1917
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Care Pharmacy Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_007633
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Richard Rasmuson
Mailing Address 1320 E 200 S
City Salt Lake City State UT Zip Code 84102-2604
FEC ID number of contributing federal political committee. **C**
Name of Employer University Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_002775
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mel Rauton, Jr.
Mailing Address 783 High Battery Cir
City Mount Pleasant State SC Zip Code 29464-7820
FEC ID number of contributing federal political committee. **C**
Name of Employer Prescription Center Inc Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_019044
Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 105 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Scott A. Rayl
Mailing Address 114 S Huron Ave
City Harbor Beach State MI Zip Code 48441-1201
FEC ID number of contributing federal political committee. **C**
Name of Employer Harbor Drug Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016699
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Harry S. Reece
Mailing Address 129 W Main St
City Mountain City State TN Zip Code 37683-1307
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Prescription Center Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_018123
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Harold K. Reich
Mailing Address 39 W 10th St
City Tracy State CA Zip Code 95376-3901
FEC ID number of contributing federal political committee. **C**
Name of Employer Harold K Reichs Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016125
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 106 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Levi Rice

Mailing Address 1209 N Main St

City State Zip Code
Beaver Dam KY 42320-8955

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

Name of Employer Occupation
Rice Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_018057

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Kent A. Richardson

Mailing Address 3510 N Ridge Rd # 920-900

City State Zip Code
Wichita KS 67205-1224

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

Name of Employer Occupation
Custom RX, Inc Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_012985

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Jonathan M. Rider

Mailing Address 303 Merchant St

City State Zip Code
Fairmont WV 26554-5213

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

Name of Employer Occupation
Rider Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022405

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 107 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Riley

Mailing Address 417 S Victory St

City State Zip Code
Little Rock AR 72201-2932

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

Name of Employer Occupation
AR Pharmacist Assoc. Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_009578

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Don R. Ritter

Mailing Address PO Box 868

City State Zip Code
Atoka OK 74525-0868

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

Name of Employer Occupation
Ritter Express Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: 20080611_001046

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Gerald W. Roberts

Mailing Address 1 Westbury Dr Ste B 270

City State Zip Code
Saint Charles MO 63301-2561

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

Name of Employer Occupation
Standard Drug Company 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011577

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Henry L. Roberts

Mailing Address PO Box 2583

City Ardmore State OK Zip Code 73402-2583

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

Name of Employer Express Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_012304
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Joe Rudolph

Mailing Address 2401 Pennsylvania Ave

City Philadelphia State PA Zip Code 19130-3010

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

Name of Employer Philadelphian Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_006495
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Ronald Louis Rumsey

Mailing Address 9209 Elam Rd Ste 105

City Dallas State TX Zip Code 75217-7359

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

Name of Employer Elam Road Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016886
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Thomas J. Rust

Mailing Address 7857 US Hwy 27

City State Zip Code
Alexandria KY 41001-1045

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

Name of Employer Occupation
Alexandria Drugs Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_010969

Amount of Each Receipt this Period
100.00

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

Mailing Address 7401 Lahana Cir

City State Zip Code
Boynton Beach FL 33437-7172

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

Name of Employer Occupation
Saiff Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_014661

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Shukri Saliba

Mailing Address 16660 Paramount Blvd Ste 106

City State Zip Code
Paramount CA 90723

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

Name of Employer Occupation
St Luke Pharmacy, Inc. Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020261

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 110 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Max Salvatore

Mailing Address 2500 Nesconset Hwy, Bldg. 3A

City State Zip Code
Stony Brook NY 11790-2555

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

Name of Employer Medical Park Drug And Surgical
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
 0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_010292

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Kenny Sanders

Mailing Address 5601 Shirley Park Dr

City State Zip Code
Bessemer AL 35022-3402

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

Name of Employer American Pharmacy Cooperative, Inc.
Occupation VP Professional Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_020409

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Sal F. Saraniti

Mailing Address 2817 E. Oakland Park Blvd., Ste 30

City State Zip Code
Fort Lauderdale FL 33306

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

Name of Employer Commcare Pharmacy- FTL
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
 0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_016391

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 111 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Edward A. Sayre

Mailing Address 128 High St

City Mineral Point State WI Zip Code 53565-1208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_021461
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City Cincinnati State OH Zip Code 45223-2245

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

Name of Employer Schaeper's Northside Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_006716
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
John A. Schaff, Sr.

Mailing Address 101 W. Laurel Ave.

City Foley State AL Zip Code 36535

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

Name of Employer Wright Drugs, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_021889
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 112 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
William P. Scheer

Mailing Address 1343 E Gun Hill Rd

City State Zip Code
Bronx NY 10469-3084

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

Name of Employer Occupation
Scheer Drugs Inc Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_001180

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Ben C. Scott

Mailing Address 2025 Regency Rd

City State Zip Code
Lexington KY 40503

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

Name of Employer Occupation
Home Care Partners Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_009506

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 6655 Sorensen Pkwy

City State Zip Code
Omaha NE 68152-2139

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

Name of Employer Occupation
Seig Pharmacy Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_006253

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Lawrence K. Shanley

Mailing Address PO Box 86

City State Zip Code
Peru NY 12972-0086

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

Name of Employer Occupation
Peru Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.01

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_005177

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert H. Sherman

Mailing Address 5993 Lindhurst Ave

City State Zip Code
Marysville CA 95901-6100

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

Name of Employer Occupation
Medi Mart Pharmacy General Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020654

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Jeffrey D. Sigler

Mailing Address 4525 W6th St

City State Zip Code
Lawrence KS 66049

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

Name of Employer Occupation
Sigler Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022117

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 114 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City State Zip Code
Carlisle PA 17015-9033

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

Name of Employer Harrisburg Pharmacy Occupation Owner/Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: 20080623_004917

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City State Zip Code
Croydon PA 19021-5412

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

Name of Employer Mats Pharmacy Occupation Owner/Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: 20080623_017644

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Darrell T. Smith

Mailing Address 621 W 29th St

City State Zip Code
San Angelo TX 76903-2827

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

Name of Employer Lakeview Saveall Pharmacy Occupation Pharmacist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	8

Transaction ID: 20080623_011482

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 115 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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 ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_014727
Amount of Each Receipt this Period 150.00

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

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 ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_002994
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Joe Smith

Mailing Address 107 Park Ave

City Falls Church State VA Zip Code 22046-4308

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

Name of Employer Medicine Shoppe Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_010613
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 116 / 160
(check only one)

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

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

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

A.

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

Mailing Address 460 N Franklin Ave

City State Zip Code
Colby KS 67701-2326

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

Name of Employer Occupation
Palace Drug Store 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_002026

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Rod Smith

Mailing Address 582 S Ohio St

City State Zip Code
Salina KS 67401

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

Name of Employer Occupation
Jims Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_021755

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Stephanie C. Smith Cooney

Mailing Address 701 Philadelphia St.

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
Gatti Pharmacy Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_018756

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Delmas Fagan Sneed

Mailing Address PO Box 346

City Pulaski State TN Zip Code 38478-0346

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

Name of Employer Reeves Drug Store Inc Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_016076
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Ernest W. Snyder

Mailing Address 214 S Main St

City Seymour State MO Zip Code 65746-0185

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

Name of Employer Seymour Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_018363
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Kelly Soekarmoen

Mailing Address 110 S Main St

City Vicksburg State MI Zip Code 49097-1211

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

Name of Employer Hills Pharmacy Of Vicksburg Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_000739
Amount of Each Receipt this Period 150.00

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 118 / 160
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Todd Sondrup

Mailing Address 508 E S Temple Ste 124

City State Zip Code
Salt Lake City UT 84102-1040

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

Name of Employer Medical Plaza Pharmacy Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_022365

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
James O. Spoon

Mailing Address 1325 N Old NPI

City State Zip Code
Sand Springs OK 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_010428

Amount of Each Receipt this Period
100.00

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

Mailing Address 2330 McKown Dr Ste B

City State Zip Code
Norman OK 73072-6630

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

Name of Employer Legend Caré Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_021440

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 119 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
David A. Stevens

Mailing Address 314 S Main St

City Canyonville State OR Zip Code 97417

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

Name of Employer Gordons Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_018840
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dean Stone, Jr.

Mailing Address 150 S Leroy St

City Metter State GA Zip Code 30439-4631

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

Name of Employer IHS Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_015490
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Gerald D. Stone

Mailing Address 404 Hwy 27

City Comfort State TX Zip Code 78013

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

Name of Employer The Drug Shop Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_021799
 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 120 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Rick Stradtner
Mailing Address 420 NW 5th St Ste 1A
City Evansville State IN Zip Code 47708-1322
FEC ID number of contributing federal political committee. **C**
Name of Employer HLS Pharmacies, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_002681
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
David Strauch
Mailing Address 121 W 4th St.
City Appleton City State MO Zip Code 64724-1401
FEC ID number of contributing federal political committee. **C**
Name of Employer Kreisler Country Pharmacy Inc Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_021351
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Michael R. Strickland
Mailing Address 401 Corsbie St, PO Box 217
City Hartsville State AL Zip Code 35640-0217
FEC ID number of contributing federal political committee. **C**
Name of Employer Buy Rite Drugs Inc Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_001675
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Michael L. Stuart

Mailing Address PO Box 2248

City State Zip Code
Branson West MO 65737-2248

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

Name of Employer Occupation
Lakeland Pharmacy President/CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_019080

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Brad Stultz

Mailing Address 1615 Ashland Rd

City State Zip Code
Greenup KY 41144

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

Name of Employer Occupation
Stultz Pharmacy Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003816

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tammy S. Stutes

Mailing Address 2509 Charity St.

City State Zip Code
Abbeville LA 70510

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

Name of Employer Occupation
Cashway Pharmacy of Abbeville Owner/Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_007104

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Leonard J. Sullivan

Mailing Address 4651 Hwy 19

City State Zip Code
Zachary LA 70791

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

Name of Employer Occupation
Sullivan Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_012372

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert J. Sumner

Mailing Address 8015 W Alameda Ave Ste 100

City State Zip Code
Lakewood CO 80226-3075

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

Name of Employer Occupation
Union Square Pharmacy At Bellmar Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_013057

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
John G. Sutter

Mailing Address 620 Washington St

City State Zip Code
Horicon WI 53032-1587

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

Name of Employer Occupation
Marshland Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_011211

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 123 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Kohen H. Tabor

Mailing Address 225 S Main St

City Lindsay State OK Zip Code 73052-5633

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

Name of Employer Tabors Drug Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 11 / 2008
Transaction ID: 20080611_011443
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Thomas Taiber

Mailing Address 101 Eagle Ridge Dr

City Waverly State IA Zip Code 50677-4380

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

Name of Employer Meyer Healthmart Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_011625
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Larry E. Talley

Mailing Address 991 W Centerton Blvd

City Centerton State AR Zip Code 72719-8707

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

Name of Employer Talley Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_019136
 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 124 / 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Carlos M. Tamarit		Date of Receipt
	Mailing Address 746 10th Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	New York	NY	10019-7000
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_016033
Name of Employer Cash RX Plus		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Don Thomason		Date of Receipt
	Mailing Address 720 W Byers Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Owensboro	KY	42303-6330
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_005458
Name of Employer Don And Daisys Pharmacy Plus		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Larry Thomerson		Date of Receipt
	Mailing Address 113 N 1st St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 23 / 2008
	City	State	Zip Code
	Gurdon	AR	71743-1201
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080623_002578
Name of Employer Thomerson Drug Store		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 160
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Bryan C. Thompson

Mailing Address 821 Scioto St

City Urbana State OH Zip Code 43078-2223

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

Name of Employer Medicine Shoppe Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_022066
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Gregory B. Thompson

Mailing Address 324 S Union St

City Traverse City State MI Zip Code 49684-2535

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

Name of Employer Thompson Pharmacy Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_015066
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mark Timmermann

Mailing Address 117 Clintonian Plz

City Breese State IL Zip Code 62230-1501

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

Name of Employer Comprehensive Care Phcy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_017101
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 126 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Theresa Tolle

Mailing Address 7746 Bay St

City State Zip Code
Sebastian FL 32958

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

Name of Employer Occupation
Bay Street Pharmacy President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_000339

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James H. Toomajian

Mailing Address 601 19th St

City State Zip Code
Watervliet NY 12189-2002

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

Name of Employer Occupation
Watervliet Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011414

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James Tristani

Mailing Address 1510 Conowingo Rd Ste A

City State Zip Code
Bel Air MD 21014-1879

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

Name of Employer Occupation
Harford Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_015408

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 127 / 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Rudolf J. Trivigno, Sr.		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address 416 Washington St		Transaction ID: 20080623_011014		
	City Hoboken	State NJ	Zip Code 07030-4982	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baron Drug Co li And Surgical	Occupation Owner/Manager	Aggregate Year-to-Date 600.00		

B.	Full Name (Last, First, Middle Initial) Margie A. Trythall		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address 744 SE St.		Transaction ID: 20080623_021721		
	City Broken Bow	State NE	Zip Code 68822	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Varney Health Mart	Occupation Owner/Manager	Aggregate Year-to-Date 600.00		

C.	Full Name (Last, First, Middle Initial) Christopher Phillip Tuetken		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address 419 E 1st St		Transaction ID: 20080623_020732		
	City Monticello	State IA	Zip Code 52310-1506	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Long Drug Pharmacy- a Phillip Pharmacy	Occupation Owner/Manager	Aggregate Year-to-Date 600.00		

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 128 / 160
(check only one)

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

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

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

A.

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

Mailing Address PO Box 700

City Inola State OK Zip Code 74036-0700

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

Name of Employer Inola Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_004306
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Jonathan D. Van Lahr

Mailing Address PO Box 207

City Irvington State KY Zip Code 40146-0207

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

Name of Employer Save Rite Drugs Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_002066
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Keith A. Vance

Mailing Address 181 Lowes Foods Dr

City Lewisville State NC Zip Code 27023-8258

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

Name of Employer Lewisville Drug Company Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 23 / 2008
Transaction ID: 20080623_019884
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 129 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kari Vanderhouwen

Mailing Address PO Box 459

City Duvall State WA Zip Code 98019-0459

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

Name of Employer Duvall Family Drugs Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_016927

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Qui VanLy

Mailing Address 4917 E Kings Canyon Rd # 102

City Fresno State CA Zip Code 93727-3812

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

Name of Employer Fresno Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_005654

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Chhagan Vasoya

Mailing Address 752 E Arrow Hwy

City Pomona State CA Zip Code 91767-2247

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

Name of Employer Express Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008

Transaction ID: 20080623_005213

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 130 / 160
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Victor A. Vena

Mailing Address 1322 W State St

City State Zip Code
Olean NY 14760-2036

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

Name of Employer Occupation
Vic Vena Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_012765

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Joseph Vivo

Mailing Address 5119 E Beverly Blvd

City State Zip Code
Los Angeles CA 90022-1703

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

Name of Employer Occupation
Atlantic Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_021223

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mary Walsh

Mailing Address 1 Marchwood Rd

City State Zip Code
Exton PA 19341-1840

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

Name of Employer Occupation
Exton Pharmacy At Marchwood Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_020779

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 131 / 160
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Maurice J. Warner

Mailing Address 30542 US Hwy 136

City State Zip Code
Unionville MO 63565-3404

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

Name of Employer Occupation
Warner Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_015956

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Earnest J. Watts

Mailing Address 2354 Hwy 15

City State Zip Code
Whitesburg KY 41858-7414

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

Name of Employer Occupation
Parkway Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_014998

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Scott E. Watts

Mailing Address PO Box 32007

City State Zip Code
Juneau AK 99803-2007

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

Name of Employer Occupation
Rons Apothecary Shoppe Ph-cy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_019351

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 132 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Craig Wear

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 ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_020513
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Tony Welder

Mailing Address 1314 Bayview Ct

City New Salem State ND Zip Code 58504

FEC ID number of contributing federal political committee. **C**

Name of Employer New Salem Pharmacy, Inc. Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_008404
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Don Wellborn

Mailing Address PO Box 985

City Tucumcari State NM Zip Code 88401-0985

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellborn Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_013195
 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 133 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
R. Wayne West

Mailing Address 124 W Renfro St

City State Zip Code
Burluson 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 ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_009450

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Robert Westbrook

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 ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_015175

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
David Whalley

Mailing Address 289 BRdway

City State Zip Code
Newport RI 02840-2613

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Newport Prescription Center Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_002411

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 134 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Steve E. Whitaker
 Mailing Address 644 N. Maysville St. Ste 2
 City State Zip Code
 Mount Sterling KY 40353-9581
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 8
Transaction ID: 20080623_018805
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Whitaker Pharmacy Owner/Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

B. Full Name (Last, First, Middle Initial)
Dirk White
 Mailing Address 106 Lincoln St
 City State Zip Code
 Sitka AK 99835-7540
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 8
Transaction ID: 20080623_013904
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Whites Pharmacy Owner/Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

C. Full Name (Last, First, Middle Initial)
Thomas H. Whitworth
 Mailing Address 3469 WPoint Rd
 City State Zip Code
 Lagrange GA 30240-8650
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 8
Transaction ID: 20080623_014758
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Corley Drugs Owner/Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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 135 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Ralph W. Williams

Mailing Address 247 W Main St

City Hendersonville State TN Zip Code 37075-7320

FEC ID number of contributing federal political committee. C

Name of Employer Hendersonville Health Mart Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_005391

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Justin B. Wilson

Mailing Address 1212-A S Douglas Blvd

City Midwest City State OK Zip Code 73130-5213

FEC ID number of contributing federal political committee. C

Name of Employer Valu-Med Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_000585

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Lonny D. Wilson

Mailing Address PO Box 18204

City Oklahoma City State OK Zip Code 73154

FEC ID number of contributing federal political committee. C

Name of Employer Pharmacy Providers of Oklahoma, Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 20080623_010328

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Eric S. Winegardner

Mailing Address 3306 N Kickapoo Ave

City State Zip Code
Shawnee OK 74804-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Eric's Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_003267

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Terry Wingo

Mailing Address 7131 University Dr NW

City State Zip Code
Huntsville AL 35806-1729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Madison Drugs 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_011725

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
David B. Winkles

Mailing Address 3818 Hwy 90

City State Zip Code
Pace FL 32571-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Winkles Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_005516

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 137 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Alan Wong

Mailing Address 282 Village Square

City State Zip Code
Orinda CA 94563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medicine Shoppe Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_018602

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Allan Wong

Mailing Address 4445 Kissena Blvd # A

City State Zip Code
Flushing NY 11355-3055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Victoria Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_007060

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
James T. Wood

Mailing Address 3868 Hwy 431 PO Box 899

City State Zip Code
Roanoke AL 36274-0899

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_004990

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 138 / 160
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Erica Worhatch

Mailing Address 215 W Nordic Dr

City State Zip Code
Petersburg AK 99833-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Petersburg Rexall Drug Inc 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_017531

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Gary W. Worley

Mailing Address 718 W Main St

City State Zip Code
Livingston TN 38570

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Super Discount Drugs 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_017053

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Stephen D. Woxland

Mailing Address 501 Breezy Point Dr.

City State Zip Code
Pardeeville WI 53954

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Village Drug Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_020680

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 160
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
David A. Wright

Mailing Address 5009 Turnpike Feeder Rd

City State Zip Code
Fort Pierce FL 34951-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Butterfield Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_003498

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Gary W. Wright

Mailing Address 960 Ross St

City State Zip Code
Heflin AL 36264-1164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wright Drug Company Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_016441

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Robert L. Wright, Jr.

Mailing Address 300 Perry St

City State Zip Code
Helena AR 72342-3325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Economy Drug Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_008260

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Eric J. Yospa

Mailing Address 907 Smain St
Ste A

City State Zip Code
Hampstead MD 21074

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Pharmacy Of Hampstead
Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_001121

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Jeannette Young

Mailing Address 3708 Freemansburg Ave

City State Zip Code
Bethlehem PA 18020-6512

FEC ID number of contributing federal political committee. **C**

Name of Employer Young's Pharmacy
Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_000702

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Jeffrey E. Young

Mailing Address 1095 Tamiami Trl N Ste B

City State Zip Code
Nokomis FL 34275

FEC ID number of contributing federal political committee. **C**

Name of Employer Village Pharmacy
Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: 20080623_018215

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) ▶ **40339.98**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 160
(check only one)

<input 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 checked="" type="checkbox"/>	17						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)
Virginia Commerce Bank

Mailing Address 1414 Prince Street

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5075.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 26963

Amount of Each Receipt this Period
632.14

Interest

SUBTOTAL of Receipts This Page (optional)	▶	632.14
TOTAL This Period (last page this line number only)	▶	632.14

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: V26966 Date of Disbursement
	Mailing Address American Expressway	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Ft. Lauderdale State FL Zip Code 33337	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="381.19"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Discover	Transaction ID: V26965 Date of Disbursement
	Mailing Address PO Box 3016	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City New Albany State OH Zip Code 43054	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="55.64"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EFS National Bank	Transaction ID: V26964 Date of Disbursement
	Mailing Address PO Box 30668	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Memphis State TN Zip Code 38130	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="1612.93"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2049.76"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2049.76"/>

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Abercrombie for Congress	Transaction ID: 26969 Date of Disbursement
	Mailing Address C/O 1357 Kapiolani Blvd Suite 1005	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Honolulu State HI Zip Code 96814	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Neil Abercrombie	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) America Forward Leadership Pac	Transaction ID: 26974 Date of Disbursement
	Mailing Address 1831 Bay Street SE	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name America Forward Leadership Pac	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Berman for Congress	Transaction ID: 26980 Date of Disbursement
	Mailing Address 6380 Wilshire Blvd., #1612	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Howard L. Berman	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Bill Shuster for Congress	Transaction ID: 26970 Date of Disbursement
	Mailing Address PO Box 27	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name William F. Shuster	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Castor for Congress	Transaction ID: 26986 Date of Disbursement
	Mailing Address 301 W. Platt Street, #385	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Katherine Anne Castor	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charlie Palmer Steak House	Transaction ID: V26991 Date of Disbursement
	Mailing Address 101 Constitution Ave. NW	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind Contribution	<input type="text" value="170.28"/>
	Candidate Name Jeanne Shaheen	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2170.28"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 / 160

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

<p>A. Full Name (Last, First, Middle Initial) Citizens for Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Contribution Candidate Name Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26988 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contribution Candidate Name Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26968 Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Coleman for Senate 08</p> <p>Mailing Address 7300 Hudson Blvd Ste 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Contribution Candidate Name Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26983 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 146 / 160

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

<p>A. Full Name (Last, First, Middle Initial) Coleman for Senate 08</p> <p>Mailing Address 7300 Hudson Blvd Ste 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District:</p>	<p>Transaction ID: 27009 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Coleman for Senate 08</p> <p>Mailing Address 7300 Hudson Blvd Ste 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District:</p>	<p>Transaction ID: 27025 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect McHugh</p> <p>Mailing Address 228 S. Washington St., Ste. 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John M. McHugh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 23</p>	<p>Transaction ID: 26992 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Craig Burridge Election Committee	Transaction ID: 26975 Date of Disbursement
	Mailing Address 11 Suncrest Drive	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Waterford State NY Zip Code 12188	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Craig Michael Burridge	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cummings for Congress Campaign Committee	Transaction ID: 26973 Date of Disbursement
	Mailing Address PO Box 1631	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Baltimore State MD Zip Code 21203	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Elijah E. Cummings	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Donald A. Manzullo for Congress	Transaction ID: 27007 Date of Disbursement
	Mailing Address PO Box 7783	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Rockford State IL Zip Code 61126	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Donald A. Manzullo	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: 26995 Date of Disbursement
	Mailing Address PO Box 74	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Daniel Benjamin Maffei	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee	Transaction ID: 27000 Date of Disbursement
	Mailing Address PO Box 1949	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Richard J. Durbin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Maurice Hinchey	Transaction ID: 26972 Date of Disbursement
	Mailing Address PO Box 4497	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Kingston State NY Zip Code 12402	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Maurice D. Hinchey	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Glacier Pac	Transaction ID: 27016 Date of Disbursement 06 / 19 / 2008
	Mailing Address 3242 Cummins Way	Amount of Each Disbursement this Period 2500.00
	City Missoula State MT Zip Code 59802	
	Purpose of Disbursement Contribution Candidate Name Glacier Pac	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Goode for Congress	Transaction ID: 27005 Date of Disbursement 06 / 19 / 2008
	Mailing Address 235 South Main Street	Amount of Each Disbursement this Period 1000.00
	City Rocky Mount State VA Zip Code 24151	
	Purpose of Disbursement Contribution Candidate Name Virgil H. Goode, Jr.	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hal Rogers for Congress	Transaction ID: 27006 Date of Disbursement 06 / 19 / 2008
	Mailing Address PO Box 1214	Amount of Each Disbursement this Period 1000.00
	City Somerset State KY Zip Code 42502	
	Purpose of Disbursement Contribution Candidate Name Harold D. Rogers	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 150 / 160

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) Hilton Alexandria Old Town <hr/> Mailing Address 1767 King Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Marion Berry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V25193 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2117.87
	Category/ Type 011
	In-Kind
B. Full Name (Last, First, Middle Initial) Jeff Miller for Congress <hr/> Mailing Address PO Box 126 <hr/> City Pensacola State FL Zip Code 32591 <hr/> Purpose of Disbursement Contribution Candidate Name Jefferson B. Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26985 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	In-Kind
C. Full Name (Last, First, Middle Initial) Joepac <hr/> Mailing Address 62 Paradise Lane <hr/> City Ronks State PA Zip Code 17572 <hr/> Purpose of Disbursement Contribution Candidate Name Joepac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 27030 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	In-Kind

SUBTOTAL of Disbursements This Page (optional) ▶	4117.87
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

<p>A. Full Name (Last, First, Middle Initial) John Carter for Congress</p> <p>Mailing Address 1717 North Ih-35 Suite 304</p> <p>City Round Rock State TX Zip Code 78664</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John R. Carter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 31</p>	<p>Transaction ID: 27003</p> <p>Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) John Hall for Congress</p> <p>Mailing Address PO Box 469</p> <p>City Beacon State NY Zip Code 12508</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Joseph Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 19</p>	<p>Transaction ID: 27017</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Steven L. Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p>	<p>Transaction ID: 26979</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 152 / 160

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Klein for Congress	Transaction ID: 26978 Date of Disbursement 06 / 03 / 2008
	Mailing Address PO Box 1758	Amount of Each Disbursement this Period 1500.00
	City Clifton State NJ Zip Code 07015-1758	
	Purpose of Disbursement Contribution Candidate Name Herbert C. Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kuhl for Congress	Transaction ID: 26989 Date of Disbursement 06 / 09 / 2008
	Mailing Address 10 Ganesvoort Street Suite 101	Amount of Each Disbursement this Period 1000.00
	City Bath State NY Zip Code 14810	
	Purpose of Disbursement Contribution Candidate Name John Randy Kuhl, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Lampson for Congress	Transaction ID: 26999 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 21578	Amount of Each Disbursement this Period 1000.00
	City Beaumont State TX Zip Code 77720-1578	
	Purpose of Disbursement Contribution Candidate Name Nick Lampson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 09	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3500.00
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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Lee, Sheila Jackson	Transaction ID: 2CFC56C7A394D21E1ED
	Mailing Address 4412 Almeda Road	Date of Disbursement 06 / 30 / 2008
	City Houston State TX Zip Code 77004	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name Sheila Jackson Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Loeb sack for Congress	Transaction ID: 27029
	Mailing Address PO Box 2720	Date of Disbursement 06 / 25 / 2008
	City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name David Loeb sack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress	Transaction ID: 27024
	Mailing Address 6 E Street, SE	Date of Disbursement 06 / 23 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name Lucille Roybal-Allard Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) McCollum for Congress	Transaction ID: 26971 Date of Disbursement 06 / 03 / 2008
	Mailing Address PO Box 14131	Amount of Each Disbursement this Period 1000.00
	City St. Paul State MN Zip Code 55114	
	Purpose of Disbursement Contribution Candidate Name Betty McCollum	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McNerney for Congress	Transaction ID: 27015 Date of Disbursement 06 / 19 / 2008
	Mailing Address 6250 Village Parkway Second Floor	Amount of Each Disbursement this Period 1000.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement Contribution Candidate Name Gerald McNerney	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Moran for Kansas	Transaction ID: 27001 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 1151	Amount of Each Disbursement this Period 1000.00
	City Hays State KS Zip Code 67601	
	Purpose of Disbursement Contribution Candidate Name Jerry Moran	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 155 / 160

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Napolitano for Congress	Transaction ID: 26990 Date of Disbursement 06 / 09 / 2008
	Mailing Address 555 Capitol Mall, Suite 1425	Amount of Each Disbursement this Period 1500.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement 1998 Primary DEBT RETIREMENT	011 Category/ Type
	Candidate Name Grace F. Napolitano	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Northstar Leadership Pac	Transaction ID: 26976 Date of Disbursement 06 / 03 / 2008
	Mailing Address PO Box 28754	Amount of Each Disbursement this Period 1000.00
	City St. Paul State MN Zip Code 55128	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Northstar Leadership Pac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

C.	Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate Inc	Transaction ID: 26997 Date of Disbursement 06 / 10 / 2008
	Mailing Address PO Box 433	Amount of Each Disbursement this Period 1000.00
	City Great Bend State KS Zip Code 67530	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Pat Roberts	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A.	Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate Inc	Transaction ID: 26998 Date of Disbursement 06 / 10 / 2008
	Mailing Address PO Box 433	Amount of Each Disbursement this Period 4000.00
	City Great Bend State KS Zip Code 67530	
	Purpose of Disbursement Contribution Candidate Name Pat Roberts	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paul Hodes for Congress	Transaction ID: 26981 Date of Disbursement 06 / 03 / 2008
	Mailing Address 379 Elm Street	Amount of Each Disbursement this Period 1000.00
	City Manchester State NH Zip Code 03103	
	Purpose of Disbursement Contribution Candidate Name Paul W. Hodes	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paul Hodes for Congress	Transaction ID: 27013 Date of Disbursement 06 / 19 / 2008
	Mailing Address 379 Elm Street	Amount of Each Disbursement this Period 1000.00
	City Manchester State NH Zip Code 03103	
	Purpose of Disbursement Contribution Candidate Name Paul W. Hodes	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 157 / 160

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

<p>A. Full Name (Last, First, Middle Initial) People for Patty Murray</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27021 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Peterson for Congress</p> <p>Mailing Address 26192 Floyd Lake Point Road</p> <p>City Detroit Lakes State MN Zip Code 56501</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Collin C. Peterson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27002 Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Thomas E. Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27010 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. for Congress</p> <p>Mailing Address PO Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Contribution Candidate Name Sanford D. Bishop, Jr. Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27011 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Solis for Congress</p> <p>Mailing Address 6380 Wilshire Blvd., #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution Candidate Name Hilda Solis Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26967 Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Steve Cohen for Congress</p> <p>Mailing Address 349 Kenilworth Place</p> <p>City Memphis State TN Zip Code 38112</p> <p>Purpose of Disbursement Contribution Candidate Name Stephen I. Cohen Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27012 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Udall for Colorado</p> <p>Mailing Address PO Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement Contribution Candidate Name Mark E. Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26984 Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Upton for All of Us</p> <p>Mailing Address PO Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement Contribution Candidate Name Fredrick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27023 Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Upton for All of Us</p> <p>Mailing Address PO Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement Contribution Candidate Name Fredrick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49FA4EDB0DDDF2BDB69 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 160 / 160

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Zack Space for Congress Committee

Mailing Address 726 Sixteenth Street NE

City Massillon State OH Zip Code 44646

Purpose of Disbursement
Contribution

Candidate Name
Zachary T. Space

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: 26987

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Zack Space for Congress Committee

Mailing Address 726 Sixteenth Street NE

City Massillon State OH Zip Code 44646

Purpose of Disbursement
Contribution

Candidate Name
Zachary T. Space

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: 27026

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►