

**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

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2885

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00030809

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

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**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 160

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M M
0 6D D
0 1Y Y Y Y
2 0 0 8

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		677830.85
(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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	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

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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)

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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

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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

Lynn Haven

State

FL

Zip Code

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

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

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

Clinton

State

OK

Zip Code

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

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

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

Lynn Haven

State

FL

Zip Code

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

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

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

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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

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

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

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

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

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

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: PAGE 9 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Carl Allison

Mailing Address 780 SE Baya Dr

City

Lake City

State

FL

Zip Code

32025-5403

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_015797

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen J. Amato

Mailing Address 938 Patricia Ave

City

Dunedin

State

FL

Zip Code

34698-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ 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_005427

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ralph E. Anderson

Mailing Address 631 16th St / PO Box 966

City

Bedford

State

IN

Zip Code

47421-0966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crowders Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 20080623_007533

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 10 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

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

Kitty Hawk

State

NC

Zip Code

27949-0988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear Drugs

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_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

Greenfield

State

OH

Zip Code

45123-1283

FEC ID number of contributing
federal political committee.

C

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bradley J. Arthur

Mailing Address 431 Tonawanda St

City

Buffalo

State

NY

Zip Code

14207-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Rock 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
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

Tonawanda

State

NY

Zip Code

14150-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brighton 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
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

Marble Falls

State

TX

Zip Code

78654-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atkins Pharmacy Services

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_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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 160

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Chesterfield

State

SC

Zip Code

29709-0349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesterfield Drug Co, Inc.

Occupation
Retired

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_008459

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Gary Avnet

Mailing Address 14124 Foothill Blvd

City

Sylmar

State

CA

Zip Code

91342-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sayre Medical Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
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

Cahokia

State

IL

Zip Code

62206-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fisher Pharmacy

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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 James-
town

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_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

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

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: PAGE 14 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Charles G. Barger, Sr.

Mailing Address 60 NE 1st St

City

Pompano Beach

State

FL

Zip Code

33060-6602

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_008906

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Delane M. Bassett

Mailing Address 419 E Davis St

City

Luling

State

TX

Zip Code

78648-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luling Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 20080623_002378

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard E. Beck

Mailing Address 802 N Carancahua #1830

City

Corpus Christi

State

TX

Zip Code

78401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Pharmacy Business
Council

Occupation

Vice President Pharmacy Affairs

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_007754

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 15 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Leah Bishop

Mailing Address PO Box 159, 51600 S Huntington Rd

City

La Pine

State

OR

Zip Code

97739-9626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drug Mart 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
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

Albertville

State

AL

Zip Code

35950-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bishops Pharmacy And Gifts
Inc

Occupation

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
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

Clarendon

State

TX

Zip Code

79226-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarendon Outpost 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 / 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

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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

Scottsdale

State

AZ

Zip Code

85259-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diamondback Drugs

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

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

Pottsville

State

PA

Zip Code

17901-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yorkville Drug Store, Inc.

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

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

Verona

State

VA

Zip Code

24482-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verona Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John A. Boff

Mailing Address 760 Merrimon Ave

City

Asheville

State

NC

Zip Code

28804-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe 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
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

Pitman

State

NJ

Zip Code

08071-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pitman 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
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

Hopwood

State

PA

Zip Code

15445-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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
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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
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
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
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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sam Boyajian

Mailing Address 131 E Main St

City

Gardner

State

KS

Zip Code

66030-1309

FEC ID number of contributing
federal political committee.

C

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

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

Plattsburg

State

MO

Zip Code

64477-0332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plattsburg Clinic Pharmac-
y, Inc.

Occupation

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_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

Acworth

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lacey Drug Co Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

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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
Garden State Pharmacy Own-
ers, Inc.

Occupation

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
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
Byrd-Watson Drug

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_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
Snells 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
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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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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

Amarillo

State

TX

Zip Code

79106-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adc Pharmacy

Occupation

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

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing
federal political committee.

C

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

Occupation

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

Lakeville

State

NY

Zip Code

14480-0414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livonia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ 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: PAGE 23 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John Brossart, Jr.

Mailing Address 45B S Miami Ave

City

Cleves

State

OH

Zip Code

45002-1216

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_015155

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard Brown

Mailing Address 5277 Lincoln Hwy

City

Gap

State

PA

Zip Code

17527-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longenecker Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 20080623_019968

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joseph G. Brummer

Mailing Address PO Box 107

City

Anthony

State

KS

Zip Code

67003-0107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irwin Potter Drug Medical
Lab

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_010376

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 24 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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 Well-
ness Center

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_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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Frank J. Cassidy

Mailing Address 1 Winter St Ste 3

City

Rochester

State

NH

Zip Code

03867-3108

FEC ID number of contributing
federal political committee.

C

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

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

Baxter Springs

State

KS

Zip Code

66713-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolkar Drug Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

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

Flushing

State

NY

Zip Code

11355-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worlds Fair Ltc Pharmacy

Occupation

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Nolton W. Causey, Jr.

Mailing Address 407 Bienville St

City

Natchitoches

State

LA

Zip Code

71457-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Causey's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
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

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / 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

Tulsa

State

OK

Zip Code

74135-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation

Faculty Liaison

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael J. Colvin

Mailing Address 14 Fourth Ave.

City

Auburn

State

NY

Zip Code

13021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts College of
Pharmacy

Occupation
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_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

Kerrville

State

TX

Zip Code

78028-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerrville Drug Company

Occupation
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_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

Vass

State

NC

Zip Code

28394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coopers Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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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

Fall River

State

MA

Zip Code

02721-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Brewton

State

AL

Zip Code

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

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

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

Mission

State

KS

Zip Code

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

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

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

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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

La Grande

State

OR

Zip Code

97850-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Red Cross United Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Edwardsville

State

KS

Zip Code

66113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

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

Charlotte

State

NC

Zip Code

28207-1107

FEC ID number of contributing
federal political committee.

C

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Danhauer

Mailing Address 330 Frederica St

City

Owensboro

State

KY

Zip Code

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

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

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

Andalusia

State

AL

Zip Code

36420-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Darby's Village Pharmacy,
Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

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

Marshfield

State

MO

Zip Code

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Norman W. Davis

Mailing Address 1623 21st Ct

City

Phenix City

State

AL

Zip Code

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
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

Richmond

State

VA

Zip Code

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
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

Beaver

State

PA

Zip Code

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
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John N. Debalko

Mailing Address 322 S Hancock St

City

McAdoo

State

PA

Zip Code

18237-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Drug Store

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Hartford

State

CT

Zip Code

06105-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arrow Prescription Center

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Taylor

State

TX

Zip Code

76574-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfennigs Prescription Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kort H. Delost

Mailing Address 47 E 500 S

City

Bountiful

State

UT

Zip Code

84010-6227

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 ▼

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

Pottsville

State

PA

Zip Code

17901-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towne Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
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

Oakmont

State

PA

Zip Code

15139-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Stop

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
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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John A. Dinkelaker

Mailing Address 7717 Beechmont Ave

City

Cincinnati

State

OH

Zip Code

45255-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kunkel Pharmaceutical Inc

Occupation
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_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

Altus

State

OK

Zip Code

73521-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bunker Hill 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
0 6 / 2 3 / 2 0 0 8

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

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperativ-
e, Inc.

Occupation
Chief Executive Officer

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark Doyle

Mailing Address PO Box 192

City

Centre Hall

State

PA

Zip Code

16828-0192

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLanahan Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 20080623_006856

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

David H. Dunson

Mailing Address 99 Main St

City

Northfork

State

WV

Zip Code

24868-0397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Diamond 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_014819

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Vicky Echevarria

Mailing Address 400 Palm Ave

City

Hialeah

State

FL

Zip Code

33010-4718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Avenue Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 160

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Arthur Boyd Ennis, Jr.

Mailing Address 140 Montevallo Ln

City

Birmingham

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Payless Drugs

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_004265

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Randy . Epley

Mailing Address 208 Avery Ave

City

Morganton

State

NC

Zip Code

28655-3103

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_006373

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mansour Farahat

Mailing Address 27800 Medical Center Rd Ste 99

City

Mission Viejo

State

CA

Zip Code

92691-6415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mission Medical Pharmacy

Occupation

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_018081

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Garland Bruce Faulkenberg

Mailing Address 400 Main St

City

Rockport

State

IN

Zip Code

47635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockport Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Brooklyn

State

NY

Zip Code

11237-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Myrtle Ave 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
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

Hayden

State

ID

Zip Code

83835-8753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Man Prairie Phcy

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_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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David Jue Fong

Mailing Address 801 NBrand Blvd. Ste 330

City

Glendale

State

CA

Zip Code

91203-1269

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Pharmacists Networ-
k, Inc.

Occupation

Network Administrator

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_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

Houston

State

MO

Zip Code

65483-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forbes Rexall Drug

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_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

Marion

State

SC

Zip Code

29571-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional 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
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David Fulton, Jr.

Mailing Address 236 N. Market St.

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitesells 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
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

Concordia

State

KS

Zip Code

66901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Funk Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

West Grove

State

PA

Zip Code

19390-0219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Chester County
Phcy

Occupation

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
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FOR LINE NUMBER: PAGE 43 / 160

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rick Gallaher

Mailing Address 804 Ridgeway Ave

City

Signal Mountain

State

TN

Zip Code

37377-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Signal Mountain 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 / 2 3 / 2 0 0 8

Transaction ID: 20080623_016239

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lorri Gebo-Shaver

Mailing Address 235 S 4th Ave

City

Pocatello

State

ID

Zip Code

83201-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shaver Pharmacy & Compoun-
ding Center

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_014540

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Charles M. George

Mailing Address 58 Main St

City

Akron

State

NY

Zip Code

14001-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Pharmacy

Occupation

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_004076

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 44 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kerry W. Gerdes

Mailing Address 245 Main St

City

Conneaut

State

OH

Zip Code

44030-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gerdes Pharmacy 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
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

Brookville

State

IN

Zip Code

47012-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
George's Family Pharmacy
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
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

Middleport

State

NY

Zip Code

14105-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middleport Family Health
Center

Occupation

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
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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Evans R. Glasgow, Sr.

Mailing Address PO Box 918

City

Amite

State

LA

Zip Code

70422-0918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thrift-Town Healthmart Ph-
armacy

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

Nashville

State

NC

Zip Code

27856-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ward Drug Company of Nash-
ville

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

Hastings

State

NE

Zip Code

68901-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keiths Medical Park Pharm-
acy

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: PAGE 46 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Gott

Mailing Address 2403 E Plaza Blvd

City

National City

State

CA

Zip Code

91950-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wells Drug

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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_000871

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Eric L. Graf

Mailing Address 8614 Hartman Rd

City

Wadsworth

State

OH

Zip Code

44281-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ritzman Pharmacies, Inc.

Occupation

Owner/Manager

Receipt For:

☐ 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_012870

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert Greenwood

Mailing Address 224 Byron Ave

City

Waterloo

State

IA

Zip Code

50702-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20080623_013586

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: PAGE 47 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bobby Gregg

Mailing Address 511 Asheville Hwy

City

Greeneville

State

TN

Zip Code

37743-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atchley Drug Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
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

Grove City

State

PA

Zip Code

16127-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Xpress

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_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

Warsaw

State

MO

Zip Code

65355-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
J And D Truecare 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
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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Paul F. Hackett

Mailing Address 101 Pleasant St

City

S Weymouth

State

MA

Zip Code

02190-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oldens 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_016319

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John G. Haeberle

Mailing Address 721W21 St

City

Kearney

State

NE

Zip Code

68845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haeberle Grand Central Ph-
armacy

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_007668

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John Hagan

Mailing Address 511 Memorial Blvd

City

Springfield

State

TN

Zip Code

37172-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Travis Scott Hall

Mailing Address 700 W Pine St

City

Mount Airy

State

NC

Zip Code

27030-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Airy Drug 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
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

Merion Station

State

PA

Zip Code

19066-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dakes Drug Store

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
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

Kearney

State

NE

Zip Code

68847-8104

FEC ID number of contributing
federal political committee.

C

Name of Employer
U Save Pharmacy

Occupation

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey E. Harder

Mailing Address 255 Orchard View Terrace

City

Medford

State

OR

Zip Code

97504

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Main 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
0	6	/	2	3	/	2	0	0	8

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

Arlington

State

TX

Zip Code

76015-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer
DFW Prescriptions Inc

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
0	6	/	2	3	/	2	0	0	8

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

Chapin

State

SC

Zip Code

29036

FEC ID number of contributing
federal political committee.

C

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Greg Harmon

Mailing Address PO Box 610

City

Kapaau

State

HI

Zip Code

96755-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kamehameha

Occupation
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_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

Mars Hill

State

NC

Zip Code

28754-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mars Hill Pharmacy

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_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

Tell City

State

IN

Zip Code

47586-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Werner Drug Store

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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

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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

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ 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_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

Aiken

State

SC

Zip Code

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

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

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

Russell

State

KS

Zip Code

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

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

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: PAGE 56 / 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

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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

Emporia

State

KS

Zip Code

66801-2457

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

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

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

Easton

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hills Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Soldotna

State

AK

Zip Code

99669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Soldotna Professional Pharmacy

Occupation

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

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 PharmacyOccupation
President

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_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 Pharma-
cists AssociaOccupation
Senior Vice President & Chief Operatin

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_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 IncOccupation
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_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

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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

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

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

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

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

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

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

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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

Stephenville

State

TX

Zip Code

76401-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanglewood Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

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

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

Cumberland

State

MD

Zip Code

21502-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steve's Pharmacy Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Hebron

State

CT

Zip Code

06248-0155

FEC ID number of contributing
federal political committee.

C

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Brian Huckle

Mailing Address 5632 E Creek Rd

City

South Wales

State

NY

Zip Code

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

Burnet

State

TX

Zip Code

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

Brooklyn

State

NY

Zip Code

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

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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

Mount Carroll

State

IL

Zip Code

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

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

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

Salamanca

State

NY

Zip Code

14779-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Berlin

State

PA

Zip Code

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

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

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: PAGE 62 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Howard Jacobson

Mailing Address 30 Hempstead Ave Ste 156

City

Rockville Centre

State

NY

Zip Code

11570-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockville Centre Pharmacy

Occupation

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_010975

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Malcolm Janet

Mailing Address 4900 Prospect Ave Ste 106

City

Yorba Linda

State

CA

Zip Code

92886-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linda Vista Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 20080623_017196

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

H. Barry Jarnigan

Mailing Address PO Box 17124

City

Memphis

State

TN

Zip Code

38187-0124

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneRiver Pharmacy Solutions

Occupation

VP Marketing and Product Management

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_019596

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 63 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dennis P. Johnson

Mailing Address 708 S Washington St

City

Grand Forks

State

ND

Zip Code

58201-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walls Medicine Center Inc

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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_016641

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mark Johnson

Mailing Address 109 S Main St

City

Colfax

State

WA

Zip Code

99111-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tick Klock Drugs Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 20080623_006646

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Fletcher E. Johnston

Mailing Address 278 Hwy 24 Ste M

City

Morehead City

State

NC

Zip Code

28557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Phcy W

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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_022252

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)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Patty Johnston

Mailing Address 211 Granville Ave

City

Beckley

State

WV

Zip Code

25801-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colony Drug

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
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

Chelsea

State

OK

Zip Code

74016-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Family 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
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

Lubbock

State

TX

Zip Code

79423-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caprock Discount Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
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)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Finny Joseph

Mailing Address 213 W Main St

City

Durham

State

NC

Zip Code

27701-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Main Street 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
0 6 / 2 3 / 2 0 0 8

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

Petersburg

State

WV

Zip Code

26847-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Judys Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Springfield

State

OH

Zip Code

45504-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Avenue 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
0 6 / 2 3 / 2 0 0 8

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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)
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FOR LINE NUMBER: PAGE 67 / 160

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

E. Harold Kemp

Mailing Address 107 S Duval St

City

Claxton

State

GA

Zip Code

30417-2029

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_001323

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William C. Kennedy

Mailing Address 28 W Ridge St

City

Lansford

State

PA

Zip Code

18232-1330

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

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

Transaction ID: 20080623_003663

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cathi Ketterling

Mailing Address 1109 Main St

City

Buhl

State

ID

Zip Code

83316-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sav-Mor Drug

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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006680

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 68 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark E. Kinney

Mailing Address 1101 W. 120th Ave, Ste 400

City

Broomfield

State

CO

Zip Code

80021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Pharmacy Coop-
erative

Occupation

Vice President of Government Affairs

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_014137

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Robert Kinsey

Mailing Address 4290 Kinsey Dr

City

Tyler

State

TX

Zip Code

75703-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinseys Pharmacy

Occupation

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_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

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crary Drug

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_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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 160

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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

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

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

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

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

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 160

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Chuck Kray

Mailing Address 731 Cherry Dr

City

Hershey

State

PA

Zip Code

17033-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey 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
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

Pittsburgh

State

PA

Zip Code

15220-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westbrook 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
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

Porterville

State

CA

Zip Code

93257-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seven 02 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
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
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FOR LINE NUMBER: PAGE 72 / 160

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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**

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FOR LINE NUMBER: PAGE 73 / 160

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tim G. Larsen

Mailing Address PO Box 5120

City

Yelm

State

WA

Zip Code

98597-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tims Pharmacy And Gift Sh-
op

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_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

Del City

State

OK

Zip Code

73115-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
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

Gladstone

State

MO

Zip Code

64188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Oak Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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_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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Tunkhannock

State

PA

Zip Code

18657-6855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2133.32

Date of Receipt

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

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

Ventura

State

CA

Zip Code

93003-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roger's Pharmacy

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
0 6 / 2 3 / 2 0 0 8

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

Finksburg

State

MD

Zip Code

21048-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Finksburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Neil Leikach

Mailing Address 6350 Frederick Rd

City

Baltimore

State

MD

Zip Code

21228-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catonsville Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Los Angeles

State

CA

Zip Code

90026-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Medical Pharma-
cy

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
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

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ken Lloyd

Mailing Address PO Box 441

City

Berry

State

AL

Zip Code

35546-0441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berry 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
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

Thomson

State

GA

Zip Code

30824-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longs Drug Stores of SC
Inc.

Occupation

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

Altus

State

OK

Zip Code

73521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rexco Drug

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
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

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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

Caguas

State

PR

Zip Code

00726-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmacia Betances

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

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

Hutchinson

State

MN

Zip Code

55350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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_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

Rock Hill

State

NY

Zip Code

12775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rock Hill 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_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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Neil A. Macklin

Mailing Address 2750 Dundee Rd Ste 9

City

Northbrook

State

IL

Zip Code

60062-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dundee Pharmacy 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_006113

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Eddie M. Madden

Mailing Address 101 College Ave

City

Elberton

State

GA

Zip Code

30635-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maddens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ 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_009073

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jerid Maddox

Mailing Address 501 Teaco Rd

City

Kennett

State

MO

Zip Code

63857-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teko Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ 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_021025

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Patton

State

PA

Zip Code

16668-0045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Pharmacy And V And
S Variety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Owner/Manager

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_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

Highland Park

State

NJ

Zip Code

08904-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Owner/Manager

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_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

Independence

State

MO

Zip Code

64054-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matts Medicine Store

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Owner/Manager

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_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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 160

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sunil Mandalapu

Mailing Address 735 Amsterdam Ave

City

New York

State

NY

Zip Code

10025-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Amsterdam Drug Mart
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
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

Winston Salem

State

NC

Zip Code

27127-7276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marley Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
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

Baltimore

State

MD

Zip Code

21225-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Baltimore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 160

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ronald G. Matthews

Mailing Address 101 Canal St

City

Ellenville

State

NY

Zip Code

12428-1403

FEC ID number of contributing
federal political committee.

C

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

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

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ballin Pharmacy Inc

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
0 6 / 2 3 / 2 0 0 8

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

Saxton

State

PA

Zip Code

16678-1139

FEC ID number of contributing
federal political committee.

C

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Beth McCullough

Mailing Address 121 E Van Buren STE C

City

Eureka Springs

State

AR

Zip Code

72632

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 ▼

450.00

Date of Receipt

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

Transaction ID: 20080623_020839

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Steven McDaniel

Mailing Address 5901 Bell St Ste C-32

City

Amarillo

State

TX

Zip Code

79109-6263

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_017157

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Larry T. McIntosh

Mailing Address 10227 Hartshill Ln

City

Saint Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmax Pharmacy #1302

Occupation

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_018450

Amount of Each Receipt this Period

100.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 160

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Steve A. McLean

Mailing Address 801 S Main St

City

Laurinburg

State

NC

Zip Code

28352-4724

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 ▼

250.00

Date of Receipt

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

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

Saint Thomas

State

VI

Zip Code

802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arch Street 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
0 6 / 2 3 / 2 0 0 8

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

North Hills

State

CA

Zip Code

91343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Clarita Health Care
Pharmacy

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
0 6 / 2 3 / 2 0 0 8

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

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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

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

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

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

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 S Ave 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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jerry Meyers

Mailing Address 20914 Roscoe Blvd

City

Canoga Park

State

CA

Zip Code

91304-4308

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_016201

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bethany L. Miller

Mailing Address 10 W BRdway

City

Red Lion

State

PA

Zip Code

17356-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lion Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 20080623_018508

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

David M. Miller

Mailing Address 678 Wyckoff Ave

City

Wyckoff

State

NJ

Zip Code

07481-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller's of Wyckoff, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20080623_014178

Amount of Each Receipt this Period

100.00

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 87 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4021 Cascade Rd SE Ste 50

City

Grand Rapids

State

MI

Zip Code

49546-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners in Pharmacy Coop-
erative

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_020093

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Laird Miller

Mailing Address 4515 Arlington Ct

City

Gainesville

State

GA

Zip Code

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

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

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

Peoria

State

IL

Zip Code

61604

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy of Illi-
nois

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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
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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 Equ-
ipment

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_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

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

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

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

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

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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

Oklahoma City

State

OK

Zip Code

73120-5054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medic Pharmacy Hefner Poi-
nte

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
0 6 / 2 3 / 2 0 0 8

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

Plattsburgh

State

NY

Zip Code

12901-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condo Pharmacy

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
0 6 / 2 3 / 2 0 0 8

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

Sinton

State

TX

Zip Code

78387-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moore's Pharmacy

Occupation

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

W. Whitaker Moose

Mailing Address PO Box 67

City

Mount Pleasant

State

NC

Zip Code

28124-0067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moose Drug Company

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_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

Rushville

State

IL

Zip Code

62681-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moreland And Devitt Inc

Occupation

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_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

Pickens

State

SC

Zip Code

29671-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

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
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FOR LINE NUMBER: PAGE 91 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dave Nation

Mailing Address 3030 Burlew Blvd # B

City

Owensboro

State

KY

Zip Code

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 Nestrack

Mailing Address 1151 W Iron Springs Rd Ste D

City

Prescott

State

AZ

Zip Code

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

Ava

State

MO

Zip Code

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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

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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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Patrick A. O'Shea

Mailing Address 509 N Main St

City

Bridgewater

State

VA

Zip Code

22812-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgewater 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
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

Charlevoix

State

MI

Zip Code

49720-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Drug Store

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
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

Fairfax

State

VA

Zip Code

22031-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prosperity Speciality 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
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tony Ogden

Mailing Address 6415 Sands Dr

City

Pasadena

State

TX

Zip Code

77505-3841

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: 20080623_006609

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bill Osborn

Mailing Address 1505 E Bj Tunnell Blvd

City

Miami

State

OK

Zip Code

74354-3801

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

Date of Receipt

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

Transaction ID: 20080623_016281

Amount of Each Receipt this Period

100.00

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

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

Date of Receipt

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

Transaction ID: 20080623_012139

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Robert Palmer

Mailing Address 1160 E Saint Clair St

City

Vincennes

State

IN

Zip Code

47591-4853

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Side Pharmacy

Occupation
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

Nipomo

State

CA

Zip Code

93444-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nipomo Rexall Drugs

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 / 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

Orange

State

CA

Zip Code

92866-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watson Drug

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jan H. Pattillo

Mailing Address PO Box 112

City

Hamilton

State

TX

Zip Code

76531-0112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

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

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Legend Drug Co 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
0 6 / 2 3 / 2 0 0 8

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

San Bernardino

State

CA

Zip Code

92404-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pearson Medical Group Pharmacy

Occupation

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_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

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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

Rossville

State

KS

Zip Code

66533-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doug's 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
0 6 / 2 3 / 2 0 0 8

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

Merritt Island

State

FL

Zip Code

32952-3593

FEC ID number of contributing
federal political committee.

C

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

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

Altamont

State

IL

Zip Code

62411-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altamont Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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
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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

Pullman

State

WA

Zip Code

99163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sids Professional 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
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

Buffalo

State

NY

Zip Code

14217-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenmore Rx Center

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
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

Eufaula

State

OK

Zip Code

74432-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eufaula Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Plainfield

State

NJ

Zip Code

07060-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapps Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Loris

State

SC

Zip Code

29569-3053

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 ▼

1250.00

Date of Receipt

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

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

Birmingham

State

AL

Zip Code

35226-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation

Vice President, Supervising 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_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

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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

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

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

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

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

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

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**

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for each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rissa H. Pryse

Mailing Address 310 E Central Ave

City

La Follette

State

TN

Zip Code

37766-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terrys Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ 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_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

Wayland

State

NY

Zip Code

14572-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quinlan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ 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_012620

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Thomas Rains

Mailing Address 1003 Madison St

City

Oak Park

State

IL

Zip Code

60302-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sears Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.02

Date of Receipt

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

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

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

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

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

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

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

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

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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

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

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

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

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

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

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

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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

Beaver Dam

State

KY

Zip Code

42320-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

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

Wichita

State

KS

Zip Code

67205-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom RX, Inc

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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

Fairmont

State

WV

Zip Code

26554-5213

FEC ID number of contributing
federal political committee.

C

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address 417 S Victory St

City

Little Rock

State

AR

Zip Code

72201-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
AR Pharmacist Assoc.

Occupation
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

Atoka

State

OK

Zip Code

74525-0868

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ritter Express Pharmacy

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
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

Saint Charles

State

MO

Zip Code

63301-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Drug Company

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_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

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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

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

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

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

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

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

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

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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

Alexandria

State

KY

Zip Code

41001-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexandria Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Boynton Beach

State

FL

Zip Code

33437-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Paramount

State

CA

Zip Code

90723

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Max Salvatore

Mailing Address 2500 Nesconset Hwy, Bldg. 3A

City

Stony Brook

State

NY

Zip Code

11790-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Drug And Sur-
gical

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

Bessemer

State

AL

Zip Code

35022-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy Coopera-
tive, 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

Fort Lauderdale

State

FL

Zip Code

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

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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
Ivey's Pharmacy, Inc.

Occupation

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_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 Pharm-
acy

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_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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

William P. Scheer

Mailing Address 1343 E Gun Hill Rd

City

Bronx

State

NY

Zip Code

10469-3084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheer Drugs Inc

Occupation

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
0 6 / 2 3 / 2 0 0 8

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

Lexington

State

KY

Zip Code

40503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Care Partners

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_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

Omaha

State

NE

Zip Code

68152-2139

FEC ID number of contributing
federal political committee.

C

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

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Lawrence K. Shanley

Mailing Address PO Box 86

City

Peru

State

NY

Zip Code

12972-0086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peru Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.01

Date of Receipt

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

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

Marysville

State

CA

Zip Code

95901-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medi Mart Pharmacy

Occupation

General Partner

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_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

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing
federal political committee.

C

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

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

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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

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Croydon

State

PA

Zip Code

19021-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mats Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

San Angelo

State

TX

Zip Code

76903-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Saveall Pharmacy

Occupation

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Randall D. Smith

Mailing Address 460 N Franklin Ave

City

Colby

State

KS

Zip Code

67701-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

Salina

State

KS

Zip Code

67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jims 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
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

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gatti Pharmacy

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

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

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

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

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

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 Vicksbu-
rg

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
0	6		2	3		2	0	0	8

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Todd Sondrup

Mailing Address 508 E STemple Ste 124

City

Salt Lake City

State

UT

Zip Code

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

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

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

Sand Springs

State

OK

Zip Code

74063-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.R.B. Drugs, Inc.

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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_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

Norman

State

OK

Zip Code

73072-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legend Care 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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

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

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

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

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

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

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

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

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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

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

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
Kreiser Country Pharmacy
Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

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

Hartselle

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael L. Stuart

Mailing Address PO Box 2248

City

Branson West

State

MO

Zip Code

65737-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland Pharmacy

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / 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

Greenup

State

KY

Zip Code

41144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stultz Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
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

Abbeville

State

LA

Zip Code

70510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cashway Pharmacy of Abbeville

Occupation

Owner/Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / 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

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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

Zachary

State

LA

Zip Code

70791

FEC ID number of contributing
federal political committee.

C

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

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

Lakewood

State

CO

Zip Code

80226-3075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Square Pharmacy At
Bellmar

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_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

Horicon

State

WI

Zip Code

53032-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

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

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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

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 8

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

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

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

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

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: PAGE 124 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Carlos M. Tamarit

Mailing Address 746 10th Ave

City

New York

State

NY

Zip Code

10019-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cash RX Plus

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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_016033

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Don Thomason

Mailing Address 720 W Byers Ave

City

Owensboro

State

KY

Zip Code

42303-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Don And Daisys Pharmacy
Plus

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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_005458

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry Thomerson

Mailing Address 113 N 1st St

City

Gurdon

State

AR

Zip Code

71743-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomerson Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 20080623_002578

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 125 / 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Theresa Tolle

Mailing Address 7746 Bay St

City

Sebastian

State

FL

Zip Code

32958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Street Pharmacy

Occupation
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

Watervliet

State

NY

Zip Code

12189-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watervliet 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
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

Bel Air

State

MD

Zip Code

21014-1879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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: PAGE 127 / 160

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rudolf J. Trivigno, Sr.

Mailing Address 416 Washington St

City

Hoboken

State

NJ

Zip Code

07030-4982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baron Drug Co li And Surg-
ical

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_011014

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Margie A. Trythall

Mailing Address 744 SE St.

City

Broken Bow

State

NE

Zip Code

68822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Varney Health Mart

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_021721

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Christopher Phillip Tuetken

Mailing Address 419 E 1st St

City

Monticello

State

IA

Zip Code

52310-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Drug Pharmacy- a Phi-
lip 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
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623_020732

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Victor A. Vena

Mailing Address 1322 W State St

City

Olean

State

NY

Zip Code

14760-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vic Vena Pharmacy

Occupation

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_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

Los Angeles

State

CA

Zip Code

90022-1703

FEC ID number of contributing
federal political committee.

C

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

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

Exton

State

PA

Zip Code

19341-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exton Pharmacy At Marchwo-
od

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Maurice J. Warner

Mailing Address 30542 US Hwy 136

City

Unionville

State

MO

Zip Code

63565-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Drug

Occupation
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

Whitesburg

State

KY

Zip Code

41858-7414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkway 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_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

Juneau

State

AK

Zip Code

99803-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rons Apothecary Shoppe Ph-
cy

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_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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

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

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

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

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

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

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

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

R. Wayne West

Mailing Address 124 W Renfro St

City

Burleson

State

TX

Zip Code

76028-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Value West PharmacyOccupation
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_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

Amelia

State

OH

Zip Code

45102-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pill BoxOccupation
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_015175

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David Whalley

Mailing Address 289 BRdway

City

Newport

State

RI

Zip Code

02840-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Prescription Center
IncOccupation
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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Steve E. Whitaker

Mailing Address 644 N. Maysville St. Ste 2

City

Mount Sterling

State

KY

Zip Code

40353-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitaker 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
0	6		2	3		2	0	0	8

Transaction ID: 20080623_018805

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dirk White

Mailing Address 106 Lincoln St

City

Sitka

State

AK

Zip Code

99835-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whites Pharmacy

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
0	6		2	3		2	0	0	8

Transaction ID: 20080623_013904

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Thomas H. Whitworth

Mailing Address 3469 WPoint Rd

City

Lagrange

State

GA

Zip Code

30240-8650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corley Drugs

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_014758

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 135 / 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

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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

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

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

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

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 Okl-
ahoma, Inc.

Occupation

Chief Executive Officer

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_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

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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

Shawnee

State

OK

Zip Code

74804-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eric's 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
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

Huntsville

State

AL

Zip Code

35806-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Drugs

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_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

Pace

State

FL

Zip Code

32571-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winkles 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
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

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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

Orinda

State

CA

Zip Code

94563

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 ▼

400.00

Date of Receipt

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

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

Flushing

State

NY

Zip Code

11355-3055

FEC ID number of contributing
federal political committee.

C

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

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

Roanoke

State

AL

Zip Code

36274-0899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerging Home Care Pharma-
cy

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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Erica Worhatch

Mailing Address 215 W Nordic Dr

City

Petersburg

State

AK

Zip Code

99833-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersburg Rexall Drug 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
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

Livingston

State

TN

Zip Code

38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Super Discount Drugs

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_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

Pardeeville

State

WI

Zip Code

53954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Village Drug

Occupation

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David A. Wright

Mailing Address 5009 Turnpike Feeder Rd

City

Fort Pierce

State

FL

Zip Code

34951-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butterfield Drugs

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_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

Heflin

State

AL

Zip Code

36264-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright Drug Company

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
0 6 / 2 3 / 2 0 0 8

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

Helena

State

AR

Zip Code

72342-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Economy Drug 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
0 6 / 2 3 / 2 0 0 8

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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eric J. Yospa

Mailing Address 907 Smain St
Ste ACity State Zip Code
Hampstead MD 21074FEC ID number of contributing
federal political committee.**C**Name of Employer
Family Pharmacy Of Hampst-
eadOccupation
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_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 18020-6512FEC ID number of contributing
federal political committee.**C**Name of Employer
Young's PharmacyOccupation
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_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 34275FEC ID number of contributing
federal political committee.**C**Name of Employer
Village PharmacyOccupation
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_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)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Virginia Commerce Bank

Mailing Address 1414 Prince Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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 PageFOR LINE NUMBER:
(check only one)

PAGE 142 / 160

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address American Expressway

City State Zip Code
Ft. Lauderdale FL 33337

Purpose of Disbursement

Credit Card Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: V26966

Date of Disbursement

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

Amount of Each Disbursement this Period

381.19

B.

Full Name (Last, First, Middle Initial)

Discover

Mailing Address PO Box 3016

City State Zip Code
New Albany OH 43054

Purpose of Disbursement

Credit Card Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: V26965

Date of Disbursement

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

Amount of Each Disbursement this Period

55.64

C.

Full Name (Last, First, Middle Initial)

EFS National Bank

Mailing Address PO Box 30668

City State Zip Code
Memphis TN 38130

Purpose of Disbursement

Credit Card Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: V26964

Date of Disbursement

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

Amount of Each Disbursement this Period

1612.93

SUBTOTAL of Disbursements This Page (optional)

2049.76

TOTAL This Period (last page this line number only)

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)

PAGE 143 / 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

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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	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City Honolulu State HI Zip Code 96814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Neil Abercrombie	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name America Forward Leadership Pac	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Howard L. Berman	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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)

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bill Shuster for Congress

Mailing Address PO Box 27

City
HollidaysburgState
PAZip Code
16648Purpose of Disbursement
ContributionCandidate Name
William F. Shuster011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: 26970

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

1000.00

B.

Full Name (Last, First, Middle Initial)

Castor for Congress

Mailing Address 301 W. Platt Street, #385

City
TampaState
FLZip Code
33606Purpose of Disbursement
ContributionCandidate Name
Katherine Anne Castor011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: 26986

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

C.

Full Name (Last, First, Middle Initial)

Charlie Palmer Steak House

Mailing Address 101 Constitution Ave. NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
In-Kind ContributionCandidate Name
Jeanne Shaheen011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: V26991

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

170.28

In-Kind

SUBTOTAL of Disbursements This Page (optional)

2170.28

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Altmire

Mailing Address PO Box 1776

City
FreedomState
PAZip Code
15042Purpose of Disbursement
ContributionCandidate Name
Jason Altmire011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 26988

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

B.

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City
EverettState
WAZip Code
98206Purpose of Disbursement
ContributionCandidate Name
Rick Larsen011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: 26968

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

1000.00

C.

Full Name (Last, First, Middle Initial)

Coleman for Senate 08

Mailing Address 7300 Hudson Blvd Ste 270

City
St PaulState
MNZip Code
55128Purpose of Disbursement
ContributionCandidate Name
Norm Coleman011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District:

Transaction ID: 26983

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

500.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Coleman for Senate 08

Mailing Address 7300 Hudson Blvd Ste 270

City State Zip Code
St Paul MN 55128

Purpose of Disbursement
Contribution

Candidate Name
Norm Coleman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 27009

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Coleman for Senate 08

Mailing Address 7300 Hudson Blvd Ste 270

City State Zip Code
St Paul MN 55128

Purpose of Disbursement
Contribution

Candidate Name
Norm Coleman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 27025

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Committee To Elect McHugh

Mailing Address 228 S. Washington St., Ste. 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

Candidate Name
John M. McHugh

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 23

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 26992

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Craig Burridge Election Committee

Mailing Address 11 Suncrest Drive

City Waterford State NY Zip Code 12188

Purpose of Disbursement
ContributionCandidate Name
Craig Michael Burridge011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 26975

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

1000.00

B. Full Name (Last, First, Middle Initial)
Cummings for Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
ContributionCandidate Name
Elijah E. Cummings011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: 26973

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

1000.00

C. Full Name (Last, First, Middle Initial)
Donald A. Manzullo for Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement
ContributionCandidate Name
Donald A. Manzullo011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: 27007

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Dan Maffei

Mailing Address PO Box 74

City
Syracuse

State
NY

Zip Code
13214

Purpose of Disbursement
Contribution

Candidate Name
Daniel Benjamin Maffei

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 26995

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Dick Durbin Committee

Mailing Address PO Box 1949

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contribution

Candidate Name
Richard J. Durbin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: 27000

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Maurice Hinchey

Mailing Address PO Box 4497

City
Kingston

State
NY

Zip Code
12402

Purpose of Disbursement
Contribution

Candidate Name
Maurice D. Hinchey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: 26972

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) Glacier Pac	Transaction ID: 27016 Date of Disbursement																				
Mailing Address 3242 Cummins Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
City Missoula State MT Zip Code 59802	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Glacier Pac	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
B. Full Name (Last, First, Middle Initial) Goode for Congress	Transaction ID: 27005 Date of Disbursement																				
Mailing Address 235 South Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
City Rocky Mount State VA Zip Code 24151	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Virgil H. Goode, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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: VA District: 05																					
C. Full Name (Last, First, Middle Initial) Hal Rogers for Congress	Transaction ID: 27006 Date of Disbursement																				
Mailing Address PO Box 1214	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
City Somerset State KY Zip Code 42502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Harold D. Rogers	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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: KY District: 05																					

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Hilton Alexandria Old Town

Mailing Address 1767 King Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2008 Primary

Candidate Name
Marion Berry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: V25193

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

2117.87

In-Kind

B.

Full Name (Last, First, Middle Initial)

Jeff Miller for Congress

Mailing Address PO Box 126

City
Pensacola

State
FL

Zip Code
32591

Purpose of Disbursement
Contribution

Candidate Name
Jefferson B. Miller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 01

Transaction ID: 26985

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joepac

Mailing Address 62 Paradise Lane

City
Ronks

State
PA

Zip Code
17572

Purpose of Disbursement
Contribution

Candidate Name
Joepac

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 27030

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4117.87

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 PageFOR LINE NUMBER:
(check only one)

PAGE 151 / 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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John Carter for Congress

Mailing Address 1717 North Ih-35
Suite 304

City Round Rock State TX Zip Code 78664

Purpose of Disbursement
ContributionCandidate Name
John R. Carter011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 31

Transaction ID: 27003

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John Hall for Congress

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement
ContributionCandidate Name
John Joseph Hall011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 27017

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kagen 4 Congress

Mailing Address 100 W. College Ave.
50D

City Appleton State WI Zip Code 54911

Purpose of Disbursement
2008 GeneralCandidate Name
Steven L. Kagen011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 26979

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Klein for Congress

Mailing Address PO Box 1758

City
Clifton

State
NJ

Zip Code
07015-1758

Purpose of Disbursement
Contribution

Candidate Name
Herbert C. Klein

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: 26978

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Kuhl for Congress

Mailing Address 10 Ganesvoort Street
Suite 101

City
Bath

State
NY

Zip Code
14810

Purpose of Disbursement
Contribution

Candidate Name
John Randy Kuhl, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: 26989

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lampson for Congress

Mailing Address PO Box 21578

City
Beaumont

State
TX

Zip Code
77720-1578

Purpose of Disbursement
Contribution

Candidate Name
Nick Lampson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 09

Transaction ID: 26999

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) Lee, Sheila Jackson	Transaction ID: 2CFC56C7A394D21E1ED Date of Disbursement																				
Mailing Address 4412 Almeda Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
City Houston State TX Zip Code 77004	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Sheila Jackson Lee	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				
B. Full Name (Last, First, Middle Initial) Loeb sack for Congress	Transaction ID: 27029 Date of Disbursement																				
Mailing Address PO Box 2720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	8												
City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name David Loeb sack	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress	Transaction ID: 27024 Date of Disbursement																				
Mailing Address 6 E Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Lucille Roybal-Allard	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

McCollum for Congress

Mailing Address PO Box 14131

City
St. Paul

State
MN

Zip Code
55114

Purpose of Disbursement
Contribution

Candidate Name
Betty McCollum

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 04

Transaction ID: 26971

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

McNerney for Congress

Mailing Address 6250 Village Parkway
Second Floor

City
Dublin

State
CA

Zip Code
94568

Purpose of Disbursement
Contribution

Candidate Name
Gerald McNerney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: 27015

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Moran for Kansas

Mailing Address PO Box 1151

City
Hays

State
KS

Zip Code
67601

Purpose of Disbursement
Contribution

Candidate Name
Jerry Moran

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 01

Transaction ID: 27001

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

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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																				
Mailing Address 555 Capitol Mall, Suite 1425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	8												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement 1998 Primary DEBT RETIREMENT	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Grace F. Napolitano	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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																				
Mailing Address PO Box 28754	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City St. Paul State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Northstar Leadership Pac	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) Pat Roberts for U S Senate Inc	Transaction ID: 26997 Date of Disbursement																				
Mailing Address PO Box 433	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City Great Bend State KS Zip Code 67530	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Pat Roberts	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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)

PAGE 156 / 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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Pat Roberts for U S Senate Inc

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
Contribution

Candidate Name
Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 26998

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Paul Hodes for Congress

Mailing Address 379 Elm Street

City
Manchester

State
NH

Zip Code
03103

Purpose of Disbursement
Contribution

Candidate Name
Paul W. Hodes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: 26981

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Paul Hodes for Congress

Mailing Address 379 Elm Street

City
Manchester

State
NH

Zip Code
03103

Purpose of Disbursement
Contribution

Candidate Name
Paul W. Hodes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: 27013

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address PO Box 3662

City
Seattle

State
WA

Zip Code
98124

Purpose of Disbursement
2010 Primary

Candidate Name
Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 27021

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Peterson for Congress

Mailing Address 26192 Floyd Lake Point Road

City
Detroit Lakes

State
MN

Zip Code
56501

Purpose of Disbursement
Contribution

Candidate Name
Collin C. Peterson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 07

Transaction ID: 27002

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Price for Congress

Mailing Address PO Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement
Contribution

Candidate Name
Thomas E. Price

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 27010

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 / 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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Sanford D. Bishop, Jr. for Congress

Mailing Address PO Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement
ContributionCandidate Name
Sanford D. Bishop, Jr.011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 02

Transaction ID: 27011

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Solis for Congress

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
ContributionCandidate Name
Hilda Solis011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 32

Transaction ID: 26967

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

1000.00

C. Full Name (Last, First, Middle Initial)
Steve Cohen for Congress

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement
ContributionCandidate Name
Stephen I. Cohen011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 09

Transaction ID: 27012

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 159 / 160

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) Udall for Colorado Mailing Address PO Box 40158	Transaction ID: 26984 Date of Disbursement <div> <div>06</div> <div>09</div> <div>2008</div> </div>
City State Zip Code Denver CO 80204 Purpose of Disbursement Contribution Candidate Name Mark E. Udall Office Sought: <input type="checkbox"/> House <input checked="" 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: CO District:	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Upton for All of Us Mailing Address PO Box 490 City State Zip Code St. Joseph MI 49085 Purpose of Disbursement Contribution Candidate Name Fredrick Stephen Upton Office Sought: <input checked="" type="checkbox"/> House <input 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: MI District: 06	Transaction ID: 27023 Date of Disbursement <div> <div>06</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Upton for All of Us Mailing Address PO Box 490 City State Zip Code St. Joseph MI 49085 Purpose of Disbursement Contribution Candidate Name Fredrick Stephen Upton 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: MI District: 06	Transaction ID: 49FA4EDB0DDDF2BDB69 Date of Disbursement <div> <div>06</div> <div>30</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>-1500.00</div> <div>011</div> 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)

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

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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

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 26987

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

2000.00

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

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 27026

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

55288.15