

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** C00030809 **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 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 04 01 2008 through 04 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

Write or Type Committee Name
National Community Pharmacists Association - PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		677830.85
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	700371.98									
(c) Total Receipts (from Line 19)	65741.41	260875.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	766113.39	938706.28								
7. Total Disbursements (from Line 31)	99510.56	272103.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	666602.83	666602.83								
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)

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	52442.66	161692.62
(ii) Unitemized	12425.00	94391.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	64867.66	256083.96
(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)	64867.66	256083.96
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.)	873.75	3791.47
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))	65741.41	260875.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65741.41	260875.43

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.....	3610.56	8203.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3610.56	8203.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95900.00	263900.00
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))..	99510.56	272103.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99510.56	272103.45

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)	64867.66	256083.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64867.66	256083.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3610.56	8203.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3610.56	8203.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Greg Adams		Date of Receipt
	Mailing Address 815 Frisco Ave		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Clinton	OK	73601-3322
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080424_016500
Name of Employer Salisbury Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="150.00"/>

B.	Full Name (Last, First, Middle Initial) Carl Allison		Date of Receipt
	Mailing Address 780 SE Baya Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake City	FL	32025-5403
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080424_015795
Name of Employer Baya Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Stephen J. Amato		Date of Receipt
	Mailing Address 938 Patricia Ave		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dunedin	FL	34698-6023
	FEC ID number of contributing federal political committee. C		Transaction ID: 20080424_005426
Name of Employer Medicine Shoppe		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 129
(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)
Ralph E. Anderson

Mailing Address 631 16th St / PO Box 966

City State Zip Code
Bedford IN 47421-0966

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

Name of Employer Crowders Drug Store Inc Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_007531

Amount of Each Receipt this Period
100.00

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

Mailing Address 1002 S Redlands Rd

City State Zip Code
Stillwater OK 74074-1069

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

Name of Employer Tiger Drug Company Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_009297

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 988

City State Zip Code
Kitty Hawk NC 27949-0988

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

Name of Employer Bear Drugs Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_005775

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 9 / 129
(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)
Bradley J. Arthur

Mailing Address 431 Tonawanda St

City State Zip Code
Buffalo NY 14207-2625

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

Name of Employer Occupation
Black Rock Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_017254

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 935 Brighton Rd

City State Zip Code
Tonawanda NY 14150-8113

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

Name of Employer Occupation
Brighton Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000957

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Edison Asonye

Mailing Address 1213 Hermann Dr Ste 140

City State Zip Code
Houston TX 77004-7008

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

Name of Employer Occupation
Park Plaza Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 20080408_019735

Amount of Each Receipt this Period
250.00

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 10 / 129

(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)
Kevin Atkins

Mailing Address 701 3rd St

City State Zip Code
Marble Falls TX 78654-5720

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

Name of Employer Occupation
Atkins Pharmacy Services Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_017461

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address PO Box 349

City State Zip Code
Chesterfield SC 29709-0349

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

Name of Employer Occupation
Chesterfield Drug Co, Inc. Retired

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_008457

Amount of Each Receipt this Period

150.00

C.

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

Mailing Address 14124 Foothill Blvd

City State Zip Code
Sylmar CA 91342-3030

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

Name of Employer Occupation
Sayre Medical Pharmacy Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_012037

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 11 / 129

(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)
Gerald P. Bailey

Mailing Address 2007 Camp Jackson Rd

City State Zip Code
Cahokia IL 62206-2544

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

Name of Employer Occupation
Fisher Pharmacy Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: 20080424_007579

Amount of Each Receipt this Period

150.00

B.

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

Mailing Address 53 Narragansett Ave

City State Zip Code
Jamestown RI 02835-1100

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

Name of Employer Occupation
Baker's Pharmacy of James-town Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: 20080424_011240

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 State Zip Code
Eagle Lake TX 77434-3212

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

Name of Employer Occupation
Eagle Lake Drug Store Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: 20080424_012581

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) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 129
(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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_008904
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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_002376
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Edward J. Bechtel
Mailing Address 302 Main St
City Slatington State PA Zip Code 18080-1537
FEC ID number of contributing federal political committee. **C**
Name of Employer Bechtels Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 28 / 2008
Transaction ID: 20080428_010837
Amount of Each Receipt this Period 250.00

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 13 / 129
(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 E. Beck

Mailing Address 802 N Carancahua #1830

City State Zip Code
Corpus Christi TX 78401

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

Name of Employer Occupation
Texas Pharmacy Business Council Vice President Pharmacy Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_007752

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 508 N Main St

City State Zip Code
Carrollton IL 62016-1027

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_012272

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Anthony J. Betz, III

Mailing Address 3400 S Park Rd

City State Zip Code
Bethel Park PA 15102-1150

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

Name of Employer Occupation
Obriens Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 20080403_013981

Amount of Each Receipt this Period

250.00

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 14 / 129
(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)
Nilesh M. Bhakta

Mailing Address 23811 Hawthorne Blvd.

City State Zip Code
Torrance CA 90505

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

Name of Employer Occupation
The Remedy Pharm Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_006921

Amount of Each Receipt this Period
51.00

B.

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

Mailing Address 10921 N 140th Way

City State Zip Code
Scottsdale AZ 85259-4615

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

Name of Employer Occupation
Diamondback Drugs Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_004798

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1822 W Market St

City State Zip Code
Pottsville PA 17901-2002

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_015643

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 251.00

TOTAL This Period (last page this line number 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 / 129
(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 L. Boggs

Mailing Address PO Box 188

City State Zip Code
Plain Dealing LA 71064-0188

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

Name of Employer Occupation
Kelly Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2008

Transaction ID: 20080408_004637

Amount of Each Receipt this Period
250.00

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

Mailing Address 1238 National Pike

City State Zip Code
Hopwood PA 15445-0090

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

Name of Employer Occupation
Rx Plus Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_010063

Amount of Each Receipt this Period
100.00

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

Mailing Address 301 N Center St

City State Zip Code
Thomaston GA 30286-3636

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

Name of Employer Occupation
Big C Discount Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_011334

Amount of Each Receipt this Period
150.00

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 16 / 129
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Sam Boyajian

Mailing Address 131 E Main St

City State Zip Code
Gardner KS 66030-1309

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

Name of Employer Occupation
Gardner Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_018962

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 4344-B Southside Dr

City State Zip Code
Acworth GA 30101

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

Name of Employer Occupation
Lacey Drug Co Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_013466

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 405 Rochelle Ave

City State Zip Code
Rochelle Park NJ 07662-3341

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_004617

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 17 / 129
(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 J. Breeze

Mailing Address 1200 Main St

City State Zip Code
Mt Vernon IL 62864

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

Name of Employer Occupation
Byrd-Watson Drug Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_007946

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael T. Briscoe

Mailing Address 2295 Oak Rd

City State Zip Code
Snellville GA 30078-2356

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

Name of Employer Occupation
Snells Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_020063

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

George W. Brookins

Mailing Address PO Box 368

City State Zip Code
Lincolnton NC 28092

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_004516

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 18 / 129
(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)
Sally M. Brooks-Higginbotham

Mailing Address PO Box 414

City State Zip Code
Lakeville NY 14480-0414

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

Name of Employer Livonia Pharmacy Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_017938
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
John Brossart, Jr.

Mailing Address 45B S Miami Ave

City State Zip Code
Cleveland OH 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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_015153
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Richard Brown

Mailing Address 5277 Lincoln Hwy

City State Zip Code
Gap PA 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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_019966
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 19 / 129
(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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_013701
Amount of Each Receipt this Period 100.00

B. 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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_001097
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Donnie R. Calhoun
Mailing Address 3320 Henry Rd
City Anniston State AL Zip Code 36207-6344
FEC ID number of contributing federal political committee. **C**
Name of Employer Golden Springs Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_015701
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 20 / 129
(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)
Maximillian E. Callaghan

Mailing Address 1262 Liberty St

City State Zip Code
Franklin PA 16323-1322

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

Name of Employer Callaghans Pharmacy Inc Occupation Owner/Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: 20080418_014964

Amount of Each Receipt this Period
500.00

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

Mailing Address 546 Uniondale Ave

City State Zip Code
Uniondale NY 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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_000776

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 State Zip Code
San Antonio TX 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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_004043

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 21 / 129
(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)
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 ▼ 600.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_008143
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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_006144
Amount of Each Receipt this Period: 100.00

C.

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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_010208
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 / 129
(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 Caswell

Mailing Address 2303 Military Ave

City State Zip Code
Baxter Springs KS 66713-2324

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

Name of Employer Occupation
Wolkar Drug Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_005273

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Nolton W. Causey, Jr.

Mailing Address 407 Bienville St

City State Zip Code
Natchitoches LA 71457-5702

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

Name of Employer Occupation
Causey's Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_011508

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
James E. Coast

Mailing Address PO Box 911
109 W Kansas

City State Zip Code
Cimarron KS 67835

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

Name of Employer Occupation
Clark Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_006938

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 23 / 129
(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)
Brian Coey

Mailing Address 5720 Cthouse Rd

City State Zip Code
Prince George VA 23875-3215

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

Name of Employer Occupation
Prince George Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_015247

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address PO Box 668, 3353 US Hwy 1

City State Zip Code
Vass NC 28394

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

Name of Employer Occupation
Coopers Pharmacy Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_007139

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 389 Stafford Rd

City State Zip Code
Fall River MA 02721-2556

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

Name of Employer Occupation
Standard Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000905

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 24 / 129
(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)
Charles D. Cottrell

Mailing Address 1121 Belleville Ave # A

City State Zip Code
Brewton AL 36426-1505

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

Name of Employer Medical Center Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.60

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_014288

Amount of Each Receipt this Period
416.65

B.

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

Mailing Address 5828 Reeds Rd

City State Zip Code
Mission KS 66202-2740

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

Name of Employer ScriptPro LLC Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_000394

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1123 Adams Ave

City State Zip Code
La Grande OR 97850-2605

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_010756

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 25 / 129
(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 D. Courtney

Mailing Address PO Box 13266

City State Zip Code
Edwardsville KS 66113

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

Name of Employer Occupation
Miller Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_001992

Amount of Each Receipt this Period
100.00

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

Mailing Address 330 Frederica St

City State Zip Code
Owensboro KY 42301-3005

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

Name of Employer Occupation
Danhauer Drugs Co Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_006774

Amount of Each Receipt this Period
100.00

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

Mailing Address 1423 Guadalupe St Ste 108

City State Zip Code
San Antonio TX 78207-5568

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

Name of Employer Occupation
Davila Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_020441

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 26 / 129
(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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_017335
Amount of Each Receipt this Period 100.00

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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_015847
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mario De Los Santos
Mailing Address 215 N San Saba Ste 106
City San Antonio State TX Zip Code 78207-3121
FEC ID number of contributing federal political committee. **C**
Name of Employer Marios Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 04 / 03 / 2008
Transaction ID: 20080403_006625
Amount of Each Receipt this Period 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 129
(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 State Zip Code
McAdoo PA 18237-1608

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

Name of Employer Standard Drug Store Occupation President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_011821

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Carmen A. Dicello

Mailing Address 1819 Mahantongo St.

City State Zip Code
Pottsville PA 17901-3227

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

Name of Employer Towne Drugs, Inc. Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_007407

Amount of Each Receipt this Period
100.00

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

Mailing Address 1610 N Main St

City State Zip Code
Altus OK 73521-2145

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

Name of Employer Bunker Hill Pharmacy Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_008779

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 28 / 129
(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 E. Dunaway
Mailing Address 110 3rd St
City Henderson State KY Zip Code 42420-2993
FEC ID number of contributing federal political committee. **C**
Name of Employer Dunaways Imperial Phcy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_013508
Amount of Each Receipt this Period 100.00

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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_014817
Amount of Each Receipt this Period 100.00

C. 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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_004263
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 29 / 129
(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)
Barry W. Feely

Mailing Address 8093 N Cornerstone Dr

City State Zip Code
Hayden ID 83835-8753

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

Name of Employer Occupation
Medicine Man Prairie Phcy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_003932

Amount of Each Receipt this Period
100.00

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

Mailing Address 801 NBrand Blvd. Ste 330

City State Zip Code
Glendale CA 91203-1269

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

Name of Employer Occupation
United Pharmacists Networ- Network Administrator
k, Inc.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_003224

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
James M. Forbes

Mailing Address 100 N Grand Ave

City State Zip Code
Houston MO 65483-1222

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

Name of Employer Occupation
Forbes Rexall Drug Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_001453

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 30 / 129
(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 State Zip Code
Frederick MD 21701
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Whitesells Pharmacy Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_013940
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Douglas L. Funk
Mailing Address 1020 Elmhurst Ave
City State Zip Code
Concordia KS 66901
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Funk Pharmacy Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_012944
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Lorri Gebo-Shaver
Mailing Address 235 S 4th Ave
City State Zip Code
Pocatello ID 83201-6438
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Shaver Pharmacy & Compounding Center Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_014538
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 31 / 129
(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. George Gillman

Mailing Address 480 Main St

City State Zip Code
Brookville IN 47012-1406

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

Name of Employer
George's Family Pharmacy Inc

Occupation
Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_015256

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address PO Box 188

City State Zip Code
Middleport NY 14105-0188

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

Name of Employer
Middleport Family Health Center

Occupation
Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_009348

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address PO Box 400

City State Zip Code
Nashville NC 27856-0400

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

Name of Employer
Ward Drug Company of Nashville

Occupation
Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_012504

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 129
(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 L. Graf

Mailing Address 8614 Hartman Rd

City State Zip Code
Wadsworth OH 44281-9404

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

Name of Employer Occupation
Ritzman Pharmacies, Inc. Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_012868

Amount of Each Receipt this Period
100.00

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

Mailing Address 224 Byron Ave

City State Zip Code
Waterloo IA 50702-3704

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_013584

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bobby Gregg

Mailing Address 511 Asheville Hwy

City State Zip Code
Greeneville TN 37743-4669

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

Name of Employer Occupation
Atchley Drug Center Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_002168

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 129
(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 R. Grisnik

Mailing Address 111 Mill St

City State Zip Code
Grove City PA 16127-1514

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

Name of Employer Occupation
Rx Xpress Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_003434

Amount of Each Receipt this Period
100.00

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

Mailing Address 903 W. Frank Ave

City State Zip Code
Lufkin TX 75904-3344

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

Name of Employer Occupation
Medicine Shoppe Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_004335

Amount of Each Receipt this Period
100.00

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

Mailing Address 511 Memorial Blvd

City State Zip Code
Springfield TN 37172-2905

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

Name of Employer Occupation
Springfield Drugs Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_013331

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 129

(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 State Zip Code
Medford OR 97504

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

Name of Employer Occupation
West Main Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_013163

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address PO Box 152643

City State Zip Code
Arlington TX 76015-8643

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

Name of Employer Occupation
DFW Prescriptions Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_014050

Amount of Each Receipt this Period

150.00

C.

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

Mailing Address PO Box 758

City State Zip Code
Chapin SC 29036

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

Name of Employer Occupation
Chapin Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_003350

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 35 / 129
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Greg Harmon

Mailing Address PO Box 610

City State Zip Code
Kapaau HI 96755-0610

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

Name of Employer Occupation
Kamehameha Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_022787

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Shane Harrell

Mailing Address P O Drawer B

City State Zip Code
Ilwaco WA 98624

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

Name of Employer Occupation
Ilwaco Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_019306

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 144 Mountain View Rd

City State Zip Code
Mars Hill NC 28754-9700

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

Name of Employer Occupation
Mars Hill Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_003755

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 36 / 129

(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)

Brad N. Harth

Mailing Address 1134 Washington St

City State Zip Code
Tell City IN 47586-1827

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

Name of Employer Occupation
Werner Drug Store Owner/Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_010792

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Steve E. Hartwig

Mailing Address 52 E Arrow St

City State Zip Code
Marshall MO 65340-2101

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

Name of Employer Occupation
Red Cross Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_009397

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Bentley F. Hawley

Mailing Address PO Box 4474

City State Zip Code
Odessa TX 79760-4474

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

Name of Employer Occupation
Evans Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_008083

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 37 / 129
(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 ▼ 450.00
Date of Receipt 04 / 28 / 2008
Transaction ID: 20080428_015454
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 ▼ 600.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_014888
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 ▼ 600.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_017300
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 38 / 129

(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)
Raymond Greg Hickman

Mailing Address PO Box 965

City State Zip Code
Monroe GA 30655-0965

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

Name of Employer Occupation
Carmichael Drugs 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_007230

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 1020 Richland Ave W

City State Zip Code
Aiken SC 29801-3224

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

Name of Employer Occupation
Medicine Shoppe 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_022167

Amount of Each Receipt this Period

150.00

C.

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

Mailing Address 714 N Main St

City State Zip Code
Russell KS 67665-1931

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

Name of Employer Occupation
Gregwire Drug Store Owner/Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_005617

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 39 / 129

(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 State Zip Code
Emporia KS 66801-2457

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

Name of Employer Occupation
Medicine Shoppe Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_009843

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 30 E Dover St

City State Zip Code
Easton MD 21601

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

Name of Employer Occupation
Hills Drug Store Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000530

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Gregory S. Hines

Mailing Address 1340 Hwy 185

City State Zip Code
Bowling Green KY 42101

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

Name of Employer Occupation
Hines Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_002865

Amount of Each Receipt this Period

500.00

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 40 / 129

(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)

Jeff Hines

Mailing Address PO Box 186

City State Zip Code
Coleman WI 54112

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

Name of Employer Occupation
Village Healthmart Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 20080408_018780

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Larry D. Hobbs

Mailing Address 1012 W 2nd St

City State Zip Code
Sulphur OK 73086-4814

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

Name of Employer Occupation
Larry's Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_005306

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Keith Hodges

Mailing Address PO Box 9

City State Zip Code
Gloucester VA 23061-0009

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

Name of Employer Occupation
Gloucester Pharmacy President

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_015753

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 129
(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)
Lonnie F. Hollingsworth

Mailing Address 5119 34th St

City Lubbock State TX Zip Code 79410-2303

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

Name of Employer L & H Pharmacies, Inc. Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_007873
Amount of Each Receipt this Period: 100.00

B. 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 ▼ 600.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_002935
Amount of Each Receipt this Period: 150.00

C. 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 ▼ 416.67

Date of Receipt: 04 / 28 / 2008
Transaction ID: 20080428_008552
Amount of Each Receipt this Period: 416.67

SUBTOTAL of Receipts This Page (optional) ► 666.67

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 42 / 129
(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 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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_013286
Amount of Each Receipt this Period 100.00

B. 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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_003695
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Gregory C. Hoyman
Mailing Address 2216 Main St
City Emmetsburg State IA Zip Code 50536-2447
FEC ID number of contributing federal political committee. **C**
Name of Employer Hughes Health Mart Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 08 / 2008
Transaction ID: 20080408_008631
Amount of Each Receipt this Period 500.00

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 43 / 129

(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 Humphries

Mailing Address PO Box 40

City State Zip Code
Burnet TX 78611-0040

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

Name of Employer Occupation
Lake Area Pharmacy 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_003108

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Richard Hunt

Mailing Address 339 W 3rd St

City State Zip Code
Forest MS 39074

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

Name of Employer Occupation
Mr Discount Drugs 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_014095

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 1526 Cortelyou Rd

City State Zip Code
Brooklyn NY 11226-5608

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

Name of Employer Occupation
Greenfield Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_017423

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 44 / 129

(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)

Peter K. Illig

Mailing Address 445 BRd St

City State Zip Code
Salamanca NY 14779-1424

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

Name of Employer Occupation
Park Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_012804

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

H. Barry Jarnigan

Mailing Address PO Box 17124

City State Zip Code
Memphis TN 38187-0124

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

Name of Employer Occupation
StoneRiver Pharmacy Solutions VP Marketing and Product Management

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_019594

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dennis P. Johnson

Mailing Address 708 S Washington St

City State Zip Code
Grand Forks ND 58201-4328

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

Name of Employer Occupation
Walls Medicine Center Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_016639

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 45 / 129
(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)
Patty Johnston

Mailing Address 211 Granville Ave

City State Zip Code
Beckley WV 25801-6004

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

Name of Employer: Colony Drug
Occupation: Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_013092
Amount of Each Receipt this Period: 150.00

B.

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

Mailing Address 4207 88th St

City State Zip Code
Lubbock TX 79423-2941

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

Name of Employer: Caprock Discount Drug
Occupation: Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_013848
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address 24 N Main St

City State Zip Code
Petersburg WV 26847-1518

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

Name of Employer: Judys Drug Store Inc
Occupation: Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_008859
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 46 / 129
(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 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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_017781

Amount of Each Receipt this Period
100.00

B.

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_011149

Amount of Each Receipt this Period
100.00

C.

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000186

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 47 / 129

(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)
Michael L. Keller

Mailing Address 141 Hospital Dr
PO Box 498

City State Zip Code
Salem KY 42078-0498

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

Name of Employer Occupation
Clinic Pharmacy Of Ky 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_005885

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
E. Harold Kemp

Mailing Address 107 S Duval St

City State Zip Code
Claxton GA 30417-2029

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

Name of Employer Occupation
Kemps Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_001321

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 1101 W. 120th Ave, Ste 400

City State Zip Code
Broomfield CO 80021

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_014135

Amount of Each Receipt this Period

200.00

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 48 / 129

(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)
Timothy J. Kirk

Mailing Address 8946 Lewis Ave.

City State Zip Code
Temperance MI 48182

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

Name of Employer Occupation
Crary Drug Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_021976

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 6133 Route 219 Ste 1004

City State Zip Code
Ellicottville NY 14731-0368

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

Name of Employer Occupation
Ellicottville Pharmacy Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_017882

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Mark T. Kleinbeck

Mailing Address 2210 Barron Rd

City State Zip Code
Poplar Bluff MO 63901-1908

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

Name of Employer Occupation
Northwest Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_021159

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 129
	<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 Klenk		Date of Receipt	
	Mailing Address 67 Lemay Ct		M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 20080424_009202
	Williamsville	NY	14221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150.00	
Name of Employer Ivylea Pharmacy		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

B.	Full Name (Last, First, Middle Initial) Yung C. Ko		Date of Receipt	
	Mailing Address 320 Superior Ave		M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 20080418_007022
	Newport Beach	CA	92663-2716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Mariners Pharmacy		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

C.	Full Name (Last, First, Middle Initial) Joseph Patrick Koechner		Date of Receipt	
	Mailing Address 101 S 6th St		M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 20080418_000192
	Hiawatha	KS	66434-2306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Kex Rx Pharmacy & Home Care		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number 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 / 129

(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)

John P. Kollhoff

Mailing Address 401 NE 9th St

City State Zip Code
Abilene KS 67410-2133

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

Name of Employer Occupation
Graves Drugs Pharmacist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 20080428_019710

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sterling Koonce

Mailing Address PO Box 580

City State Zip Code
Tabor City NC 28463-0580

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

Name of Employer Occupation
Koonce Medicine Mart Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_004098

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 State Zip Code
Spindale NC 28160-1539

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

Name of Employer Occupation
Spindale Drug Company Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000672

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 51 / 129
(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)
Chuck Kray

Mailing Address 731 Cherry Dr

City State Zip Code
Hershey PA 17033-2006

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

Name of Employer Occupation
Hershey Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_011866

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 406 W Putnam Ave

City State Zip Code
Porterville CA 93257-3321

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

Name of Employer Occupation
Seven 02 Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_016760

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Chester A. Kuykendall, Jr.

Mailing Address 500 W Commercial St

City State Zip Code
Ozark AR 72949-0292

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

Name of Employer Occupation
Village Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_008034

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 52 / 129
(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)
Deborah Lange

Mailing Address 5362 Pinecastle Ct

City State Zip Code
West Chester OH 45069-1811

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

Name of Employer Occupation
Target Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_020033

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Raymond E. Larsen

Mailing Address 3535 30th Ave Ste 103

City State Zip Code
Kenosha WI 53144-1632

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

Name of Employer Occupation
Larsen Mayer Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: 20080418_007129

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address PO Box 5120

City State Zip Code
Yelm WA 98597-5120

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

Name of Employer Occupation
Tims Pharmacy And Gift Shop Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_012728

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 53 / 129
(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)
John D. Lassiter

Mailing Address 3252 SE 29th St

City State Zip Code
Del City OK 73115-1606

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

Name of Employer Lassiter 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_010107

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 7275 N Oak Trfy / PO BOX 28444

City State Zip Code
Gladstone MO 64188

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

Name of Employer Great Oak 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_011379

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Joseph P. Lech

Mailing Address 13 Rockledge Ln

City State Zip Code
Tunkhannock PA 18657-6855

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

Name of Employer Lech's Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_013235

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number 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 / 129
(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 E. Lee

Mailing Address 705 E Main St

City State Zip Code
Davis OK 73030

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

Name of Employer Sooner Pharmacy Of Davis Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: 20080418_006829

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James M. Leftwich

Mailing Address 2909 Loma Vista Rd

City State Zip Code
Ventura CA 93003-2915

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

Name of Employer Roger's Pharmacy Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_016546

Amount of Each Receipt this Period
150.00

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

Mailing Address 1407 S 4th St

City State Zip Code
DeKalb IL 60115-4605

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

Name of Employer Lehan Drugs Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_017562

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 129
(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)
Deanna D. Leikach

Mailing Address 2025 Suffolk Rd

City State Zip Code
Finksburg MD 21048-1633

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

Name of Employer Occupation
Finksburg Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_003585

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Neil Leikach

Mailing Address 6350 Frederick Rd

City State Zip Code
Baltimore MD 21228-2305

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

Name of Employer Occupation
Catonsville Pharmacy Llc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_015524

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Thomas J. Liautaud

Mailing Address 2201 W Temple St

City State Zip Code
Los Angeles CA 90026-4917

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

Name of Employer Occupation
California Medical Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_001736

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 56 / 129

(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)
Ron Lind

Mailing Address PO Box 99

City State Zip Code
Freeland WA 98249

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

Name of Employer Occupation
Linds' Freeland Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_005731

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Kenneth Long

Mailing Address 433 W Hill St

City State Zip Code
Thomson GA 30824-2116

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

Name of Employer Occupation
Longs Drug Stores of SC Inc. Owner/Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_006044

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Bradley A. Lueneburg

Mailing Address 237 Hassan St. SE/PO Box 695

City State Zip Code
Hutchinson MN 55350

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

Name of Employer Occupation
Family Rexall Drug Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_015221

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 129
(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) Scott Mace		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address PO Box 777 PO Box 777		Transaction ID: 20080424_022636
City Rock Hill	State NY	Zip Code 12775
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rock Hill Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Eddie M. Madden		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 101 College Ave		Transaction ID: 20080424_009071
City Elberton	State GA	Zip Code 30635-1705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Maddens Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Robert L. Maher, Sr.		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address PO Box 45		Transaction ID: 20080424_010154
City Patton	State PA	Zip Code 16668-0045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Patton Pharmacy And V And S Variety	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	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 58 / 129

(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)
Vijay T. Maktal

Mailing Address 325 Raritan Ave

City State Zip Code
Highland Park NJ 08904-2701

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

Name of Employer Occupation
Saiff Drugs 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_020000

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Matt Mallinson

Mailing Address 11200 1/2 E US Hwy 24

City State Zip Code
Independence MO 64054-1514

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

Name of Employer Occupation
Matts Medicine Store 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000102

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Dave Marley

Mailing Address 5008 Peters Creek Pkwy

City State Zip Code
Winston Salem NC 27127-7276

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

Name of Employer Occupation
Marley Drug Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_021571

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 59 / 129
(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)
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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_012422
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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_010022
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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_021934
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 60 / 129
(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)
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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_001542
 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 ▼ 600.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_001632
 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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_002539
 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 / 129
(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 State Zip Code
Eureka Springs AR 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 ▼ 300.00
Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_020837
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 State Zip Code
Amarillo TX 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 ▼ 400.00
Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_017155
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Howard M McGinnis
Mailing Address 133 E 8th St
City State Zip Code
Cozad NE 69130-1729
FEC ID number of contributing federal political committee. **C**
Name of Employer Service Drug Store Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 / 18 / 2008
Transaction ID: 20080418_006262
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1175.00
TOTAL This Period (last page this line number 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 / 129
(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)
Larry T. McIntosh

Mailing Address 10227 Hartshill Ln

City State Zip Code
Saint Louis MO 63128

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

Name of Employer Occupation
Pharmax Pharmacy #1302 President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_018448

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mark McMurry

Mailing Address 6513 Tobago Dr. #11

City State Zip Code
Saint Thomas VI 802

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

Name of Employer Occupation
Arch Street Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_022958

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Leo McStroul

Mailing Address 8704 Sepulveda Blvd

City State Zip Code
North Hills CA 91343

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

Name of Employer Occupation
Santa Clarita Health Care Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_015988

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 63 / 129

(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)
Warren G. Meador

Mailing Address PO Box 1749

City	State	Zip Code
Elk City	OK	73648-1749

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

Name of Employer Meador Drug	Occupation Owner/Manager
---------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_009717

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 100 SAve East

City	State	Zip Code
Haskell	TX	79521-0528

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

Name of Employer The Drug Store	Occupation Owner/Manager
------------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_005318

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Jerry Meyers

Mailing Address 20914 Roscoe Blvd

City	State	Zip Code
Canoga Park	CA	91304-4308

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

Name of Employer DeSoto Pharmacy	Occupation Owner/Manager
-------------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_016199

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 64 / 129
(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)
Kerry S. Milano

Mailing Address 3544 W Esplanade Ave

City State Zip Code
Metairie LA 70002

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

Name of Employer Occupation
Giuffria Inc /Chateau Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_017842

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Bethany L. Miller

Mailing Address 10 W BRdway

City State Zip Code
Red Lion PA 17356-2102

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

Name of Employer Occupation
Lion Pharmacy President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_018506

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
David J. Miller

Mailing Address 4021 Cascade Rd SE Ste 50

City State Zip Code
Grand Rapids MI 49546-2149

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

Name of Employer Occupation
Partners in Pharmacy Cooperative 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_020091

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 129

(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. Miller

Mailing Address 678 Wyckoff Ave

City State Zip Code
Wyckoff NJ 07481-1430

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

Name of Employer Occupation
Miller's of Wyckoff, Inc. Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_014176

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Laird Miller

Mailing Address 4515 Arlington Ct

City State Zip Code
Gainesville GA 30506

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

Name of Employer Occupation
Medical Park Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_022877

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Michael W. Minesinger

Mailing Address 311 N Western Ave

City State Zip Code
Peoria IL 61604

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

Name of Employer Occupation
American Pharmacy of Illi-
nois President

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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000071

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 66 / 129
(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 State Zip Code
Baltimore MD 21234

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

Name of Employer Northern Pchy And Med Equipment
Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_008340

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
J. Scott Miskovsky

Mailing Address PO Box A

City State Zip Code
Forest City PA 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 ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_012469

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Steven F. Moore

Mailing Address 28 Montcalm Ave

City State Zip Code
Plattsburgh NY 12901-1533

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

Name of Employer Condo Pharmacy
Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_020348

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 67 / 129
(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 State Zip Code
Mount Pleasant NC 28124-0067

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

Name of Employer Occupation
Moose Drug Company Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_009801

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Garry Moreland

Mailing Address 124 N Congress St

City State Zip Code
Rushville IL 62681-1434

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

Name of Employer Occupation
Moreland And Devitt Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_018900

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
A. L. Morris, III

Mailing Address PO Box 6737

City State Zip Code
Pickens SC 29671-0066

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

Name of Employer Occupation
Corner Drug Store Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_003046

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 129
(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)
Gerald Moschgat

Mailing Address 619 Main St

City State Zip Code
Portage PA 15946-1539

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

Name of Employer Occupation
Mainline Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_007256

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 304 St John Dr

City State Zip Code
Latrobe PA 15650-1022

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

Name of Employer Occupation
Mosso's Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_007329

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Deann Mullins

Mailing Address 830 Ohio Ave

City State Zip Code
Lynn Haven FL 32444-2352

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_015358

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 129

(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)

P. Kevin Nestrick

Mailing Address 1151 W Iron Springs Rd Ste D

City State Zip Code
Prescott AZ 86305-1614

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

Name of Employer Occupation
Altius Health 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_010871

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Gary Newberry

Mailing Address PO Box 425 / 801 S BRdway

City State Zip Code
Marlow OK 73055

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

Name of Employer Occupation
Newberry Express Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_011496

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stephen Norman

Mailing Address 101 E Main St.

City State Zip Code
Willow Spgs MO 65793

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

Name of Employer Occupation
Ferguson Drug 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_008515

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 70 / 129
(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)
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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_021105
Amount of Each Receipt this Period: 100.00

B. 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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_021654
Amount of Each Receipt this Period: 200.00

C. 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 ▼ 600.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_013642
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 71 / 129

(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) Stephanie Goodart O'Neal		Date of Receipt
	Mailing Address PO Box 757		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wynne	AR	72396-0757
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wynne Medical Pharmacy		Occupation Owner/Manager	Transaction ID: 20080424_005489
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Frank A. Odeh		Date of Receipt
	Mailing Address 3026 Javier Rd		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fairfax	VA	22031-4636
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Prosperity Speciality Pharmacy		Occupation Owner/Manager	Transaction ID: 20080424_019514
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Tony Ogden		Date of Receipt
	Mailing Address 6415 Sands Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Pasadena	TX	77505-3841
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Groveway Pharmacy		Occupation Owner/Manager	Transaction ID: 20080424_006607
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 129
(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) Bill Osborn		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 1505 E Bj Tunnell Blvd		Transaction ID: 20080424_016279
City Miami	State OK	Zip Code 74354-3801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Osborn Drugs, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) William E. Osborn		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
Mailing Address 1400 12th Ave NE		Transaction ID: 20080418_007796
City Miami	State OK	Zip Code 74354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Osborn Drugs Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Earl Scott Paramore		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
Mailing Address 4314 5th Ave		Transaction ID: 20080418_002751
City Marianna	State FL	Zip Code 32446-2182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Paramores Pharmacy Inc	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 129

(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)
Scott E. Parker

Mailing Address 116 E Chapman Ave

City State Zip Code
Orange CA 92866-1402

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

Name of Employer Occupation
Watson Drug Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_014926

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Popat A. Patel

Mailing Address 551 Main St

City State Zip Code
New Rochelle NY 10801-7214

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

Name of Employer Occupation
New Rochelle Prescription Ctr Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_015116

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Katherine Petsos

Mailing Address 90 S Sykes Creek Pkwy

City State Zip Code
Merritt Island FL 32952-3593

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

Name of Employer Occupation
Walgreens Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_021259

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 74 / 129
(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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_022816
 Amount of Each Receipt this Period: 100.00

B.

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 ▼ 800.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_021528
 Amount of Each Receipt this Period: 200.00

C.

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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_005093
 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 75 / 129
(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)
Lloyd Venson Powers, Jr.
Mailing Address 3985 Meeting St

City State Zip Code
Loris SC 29569-3053

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

Name of Employer Occupation
Medicine Shoppe Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_022298

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dan Priest
Mailing Address 1494 State Hwy 248

City State Zip Code
Branson MO 65616

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

Name of Employer Occupation
Lakeland Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_022471

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Zachary Proniloff
Mailing Address 2611 E. Washington Blvd.

City State Zip Code
Pasadena CA 91107

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

Name of Employer Occupation
Ararat Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_021953

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 76 / 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Frank Y. Pryce	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address Box 1323 331 Enterprise Blvd	Transaction ID: 20080424_007697
	City State Zip Code Lake Charles LA 70602	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pryces Pharmacy Inc Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Rissa H. Pryce	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 310 E Central Ave	Transaction ID: 20080424_003149
	City State Zip Code La Follette TN 37766-3617	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Terrys Pharmacy Inc Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Thomas M. Quinlan	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 107 N Main St	Transaction ID: 20080424_012618
	City State Zip Code Wayland NY 14572-1033	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Quinlan Pharmacy Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	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 / 129
(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 A. Rainey, Jr.
Mailing Address PO Box 215
City Dinwiddie State VA Zip Code 23841-0215
FEC ID number of contributing federal political committee. **C**
Name of Employer Dinwiddie Drug Store Inc Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 18 / 2008
Transaction ID: 20080418_006747
Amount of Each Receipt this Period 250.00

B. 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 ▼ 466.68
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_003542
Amount of Each Receipt this Period 133.34

C. 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 ▼ 600.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_007631
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 533.34
TOTAL This Period (last page this line number 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 / 129
(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 Rasmuson

Mailing Address 1320 E 200 S

City State Zip Code
Salt Lake City UT 84102-2604

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

Name of Employer University 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_002773

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 114 S Huron Ave

City State Zip Code
Harbor Beach MI 48441-1201

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

Name of Employer Harbor Drug 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_016697

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Harry S. Reece

Mailing Address 129 W Main St

City State Zip Code
Mountain City TN 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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_018121

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 79 / 129
(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)
Harold K. Reich

Mailing Address 39 W 10th St

City State Zip Code
Tracy CA 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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_016123

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Tom D. Reidenbach

Mailing Address 260 Hospital Dr, Ste 111

City State Zip Code
Ukiah CA 95482-4559

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

Name of Employer Myers Medical 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 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_002551

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jonathan M. Rider

Mailing Address 303 Merchant St

City State Zip Code
Fairmont WV 26554-5213

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

Name of Employer Rider 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_022403

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 80 / 129
(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)
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 ▼ 400.00

Date of Receipt 04 / 24 / 2008

Transaction ID: 20080424_009576

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 ▼ 400.00

Date of Receipt 04 / 18 / 2008

Transaction ID: 20080418_001044

Amount of Each Receipt this Period 100.00

C.

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 ▼ 400.00

Date of Receipt 04 / 18 / 2008

Transaction ID: 20080418_001043

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 81 / 129
(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)
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 ▼ 400.00

Date of Receipt 04 / 18 / 2008
Transaction ID: 20080418_001042
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 ▼ 400.00

Date of Receipt 04 / 18 / 2008
Transaction ID: 20080418_001045
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Bruce T. Roberts

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314

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

Name of Employer National Community Pharmacists Associa Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 18 / 2008
Transaction ID: 20080418_009971
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 5200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 129
(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)
Gerald W. Roberts

Mailing Address 1 Westbury Dr Ste B 270

City State Zip Code
Saint Charles MO 63301-2561

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Standard Drug Company Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_011575

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Henry L. Roberts

Mailing Address PO Box 2583

City State Zip Code
Ardmore OK 73402-2583

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Express Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_012302

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Kenneth Ross

Mailing Address 4420 Vineland Ave

City State Zip Code
N Hollywood CA 91602-2116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
North Hollywood Med Arts Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_003176

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 129
(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)
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 Philadelphia Pharmacy Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_006493
Amount of Each Receipt this Period 100.00

B.

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 ▼ 600.00

Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_016884
Amount of Each Receipt this Period 100.00

C.

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 ▼ 400.00

Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_010967
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 84 / 129
(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 Ruwe

Mailing Address 434 Scott St

City State Zip Code
Covington KY 41011

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

Name of Employer Pauls Community Pharmacy Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_015321

Amount of Each Receipt this Period
100.00

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

Mailing Address 7401 Lahana Cir

City State Zip Code
Boynton Beach FL 33437-7172

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

Name of Employer Saiff Drugs Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_014659

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Shukri Saliba

Mailing Address 16660 Paramount Blvd Ste 106

City State Zip Code
Paramount CA 90723

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

Name of Employer St Luke Pharmacy, Inc. Occupation Owner/Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_020259

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 85 / 129
(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) Max Salvatore		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 2500 Nesconset Hwy, Bldg. 3A		Transaction ID: 20080424_010290
City Stony Brook	State NY	Zip Code 11790-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Medical Park Drug And Surgical	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Sal F. Saraniti		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 2817 E. Oakland Park Blvd., Ste 30		Transaction ID: 20080424_016389
City Fort Lauderdale	State FL	Zip Code 33306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Commcare Pharmacy- FTL	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.

Full Name (Last, First, Middle Initial) Rick A. Schaeper		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 4187 Hamilton Ave		Transaction ID: 20080424_006714
City Cincinnati	State OH	Zip Code 45223-2245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Schaeppers Northside Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 86 / 129
(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. Schaff, Sr.
Mailing Address 101 W. Laurel Ave.
City State Zip Code
Foley AL 36535
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wright Drugs, Inc. 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 4 / 2 4 / 2 0 0 8
Transaction ID: 20080424_021887
Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
William P. Scheer
Mailing Address 1343 E Gun Hill Rd
City State Zip Code
Bronx NY 10469-3084
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Scheer Drugs Inc Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1350.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8
Transaction ID: 20080417_001177
Amount of Each Receipt this Period
900.00

C. Full Name (Last, First, Middle Initial)
Ron L. Schindler
Mailing Address PO Box 458
City State Zip Code
North Bend NE 68649-0458
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Sav-Rx Pharmacy At Ron's 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 4 / 1 8 / 2 0 0 8
Transaction ID: 20080418_020467
Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00
TOTAL This Period (last page this line number 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 / 129
(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)
Joshua Schipper

Mailing Address 4815 Vernon Blvd

City State Zip Code
Long Island City NY 11101-5616

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

Name of Employer Occupation
Vernon Blvd. Pharmacy, In- Owner/Manager
c.

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_006308

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Edward R. Schreiner, Jr.

Mailing Address 185 Grove St

City State Zip Code
Waterbury CT 06710-2289

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

Name of Employer Occupation
Stolls Pharmacy Inc Owner/Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_014412

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ben C. Scott

Mailing Address 2025 Regency Rd

City State Zip Code
Lexington KY 40503

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

Name of Employer Occupation
Home Care Partners Owner/Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_009504

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 88 / 129
(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)
Gregory W. Seay
 Mailing Address 1026 N Radio Rd
 City State Zip Code
 Durant OK 74701-2991
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 8
Transaction ID: 20080418_022732
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Pharmacy Inc
 Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Arthur C. Seigfreid
 Mailing Address 6655 Sorensen Pkwy
 City State Zip Code
 Omaha NE 68152-2139
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 8
Transaction ID: 20080424_006251
 Amount of Each Receipt this Period
 100.00
 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 ▼ 400.00

C. Full Name (Last, First, Middle Initial)
Lawrence K. Shanley
 Mailing Address PO Box 86
 City State Zip Code
 Peru NY 12972-0086
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 8
Transaction ID: 20080424_005175
 Amount of Each Receipt this Period
 100.00
 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 ▼ 375.01

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 89 / 129
(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)
Lisa K. Shelley
 Mailing Address 602 Main St
 City Woodland State CA Zip Code 95695-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corner Drug Company Inc Occupation Owner/Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 04 / 18 / 2008
Transaction ID: 20080418_019161
 Amount of Each Receipt this Period 500.00

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 ▼ 400.00
 Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_020652
 Amount of Each Receipt this Period 100.00

C. 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 ▼ 400.00
 Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_004915
 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 90 / 129
(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)
Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City State Zip Code
Croydon PA 19021-5412

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

Name of Employer Occupation
Mats Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_017642

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Darrell T. Smith

Mailing Address 621 W 29th St

City State Zip Code
San Angelo TX 76903-2827

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

Name of Employer Occupation
Lakeview Saveall Pharmacy Pharmacist

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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_011480

Amount of Each Receipt this Period
100.00

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

Mailing Address 155 Main St

City State Zip Code
Brookville PA 15825-1281

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

Name of Employer Occupation
Means Lauf Super Drug Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_014725

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 91 / 129

(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. Smith

Mailing Address 316 8th St

City State Zip Code
Hoquiam WA 98550-3606

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

Name of Employer Harbor 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_019655

Amount of Each Receipt this Period

100.00

B.

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

Mailing Address 802 E Medical Ct

City State Zip Code
Post Falls ID 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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_002992

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Rod Smith

Mailing Address 582 S Ohio St

City State Zip Code
Salina KS 67401

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

Name of Employer Jims 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 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_021753

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 92 / 129
(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)
Kelly Soekarmoen
Mailing Address 110 S Main St
City Vicksburg State MI Zip Code 49097-1211
FEC ID number of contributing federal political committee. **C**
Name of Employer Hills Pharmacy Of Vicksburg Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_000737
Amount of Each Receipt this Period 150.00

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 ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_010426
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 Caré Pharmacy Occupation Owner/Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 04 / 24 / 2008
Transaction ID: 20080424_021438
Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 129
	<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	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 314 S Main St	Transaction ID: 20080424_018838
	City State Zip Code Canyonville OR 97417	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Gordons Pharmacy	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Gerald D. Stone	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 404 Hwy 27	Transaction ID: 20080424_021798
	City State Zip Code Comfort TX 78013	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Drug Shop	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Rick Stradtner	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 420 NW 5th St Ste 1A	Transaction ID: 20080424_002679
	City State Zip Code Evansville IN 47708-1322	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer HLS Farmacies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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 94 / 129

(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 Strauch

Mailing Address 121 W 4th St.

City State Zip Code
Appleton City MO 64724-1401

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

Name of Employer Occupation
Kreiser Country Pharmacy Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_021349

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael R. Strickland

Mailing Address 401 Corsbie St, PO Box 217

City State Zip Code
Hartselle AL 35640-0217

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

Name of Employer Occupation
Buy Rite Drugs Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_001673

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Stuart

Mailing Address PO Box 2248

City State Zip Code
Branson West MO 65737-2248

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

Name of Employer Occupation
Lakeland Pharmacy President/CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_019078

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 95 / 129
(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)
Brad Stultz

Mailing Address 1615 Ashland Rd

City State Zip Code
Greenup KY 41144

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

Name of Employer Occupation
Stultz Pharmacy Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_003814

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Tammy S. Stutes

Mailing Address 2509 Charity St.

City State Zip Code
Abbeville LA 70510

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

Name of Employer Occupation
Cashway Pharmacy of Abbeville Owner/Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_007102

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Leonard J. Sullivan

Mailing Address 4651 Hwy 19

City State Zip Code
Zachary LA 70791

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

Name of Employer Occupation
Sullivan Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_012370

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 96 / 129

(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)
Robert J. Sumner

Mailing Address 8015 W Alameda Ave Ste 100

City State Zip Code
Lakewood CO 80226-3075

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

Name of Employer Occupation
Union Square Pharmacy At Bellmar Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_013055

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Adrian A. Thomas

Mailing Address 327 Main St

City State Zip Code
Meyersdale PA 15552-1035

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

Name of Employer Occupation
F B Thomas Drug Store Owner/Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080418_007302

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Bryan C. Thompson

Mailing Address 821 Scioto St

City State Zip Code
Urbana OH 43078-2223

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

Name of Employer Occupation
Medicine Shoppe Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_022064

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 129
(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)
Gregory B. Thompson

Mailing Address 324 S Union St

City State Zip Code
Traverse City MI 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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_015064
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Theresa Tolle

Mailing Address 7746 Bay St

City State Zip Code
Sebastian FL 32958

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

Name of Employer: Bay Street Pharmacy Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_000337
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
James Tristani

Mailing Address 1510 Conowingo Rd Ste A

City State Zip Code
Bel Air MD 21014-1879

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

Name of Employer: Harford Pharmacy Occupation: Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_015406
 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 98 / 129
(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) Rudolf J. Trivigno, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8		
	Mailing Address 416 Washington St		Transaction ID: 20080424_011012		
	City Hoboken	State NJ	Zip Code 07030-4982	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baron Drug Co li And Surg-ical		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Margie A. Trythall		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8		
	Mailing Address 744 SE St.		Transaction ID: 20080424_021719		
	City Broken Bow	State NE	Zip Code 68822	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Varney Health Mart		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Christopher Phillip Tuetken		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8		
	Mailing Address 419 E 1st St		Transaction ID: 20080424_020730		
	City Monticello	State IA	Zip Code 52310-1506	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Long Drug Pharmacy- a Phi-llip Pharmacy		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 99 / 129
(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 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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_004304
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Vicki S. Upchurch

Mailing Address 100 Lantana Rd Suite 201

City Crossville State TN Zip Code 38555

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

Name of Employer John Smith Professional Pharmacy Inc Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_001350
 Amount of Each Receipt this Period: 100.00

C. 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 ▼ 400.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 20080424_002064
 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 100 / 129
(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)

Kari Vanderhouwen

Mailing Address PO Box 459

City State Zip Code
Duvall WA 98019-0459

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

Name of Employer Occupation
Duvall Family Drugs President

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_016925

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 State Zip Code
Fresno CA 93727-3812

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

Name of Employer Occupation
Fresno Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_005652

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mary Walsh

Mailing Address 1 Marchwood Rd

City State Zip Code
Exton PA 19341-1840

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

Name of Employer Occupation
Exton Pharmacy At Marchwood Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_020777

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 101 / 129
(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)
Maurice J. Warner

Mailing Address 30542 US Hwy 136

City State Zip Code
Unionville MO 63565-3404

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

Name of Employer Occupation
Warner Drug Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_015954

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Scott E. Watts

Mailing Address PO Box 32007

City State Zip Code
Juneau AK 99803-2007

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

Name of Employer Occupation
Rons Apothecary Shoppe Ph- cy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_019349

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1314 Bayview Ct

City State Zip Code
New Salem ND 58504

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

Name of Employer Occupation
New Salem Pharmacy, Inc. Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_008402

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 102 / 129
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Whalley

Mailing Address 289 BRdway

City State Zip Code
Newport RI 02840-2613

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

Name of Employer Occupation
Newport Precription Center Inc Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2008

Transaction ID: 20080428_002409

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Tom Whiston

Mailing Address 25 S Main St

City State Zip Code
Mount Gilead OH 43338-1445

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

Name of Employer Occupation
Whiston Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_015596

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dirk White

Mailing Address 106 Lincoln St

City State Zip Code
Sitka AK 99835-7540

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

Name of Employer Occupation
Whites Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_013902

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 103 / 129
(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)
Patricia White

Mailing Address 106 Lincoln St

City State Zip Code
Sitka AK 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 ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_021635

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 900 Cathedral St

City State Zip Code
Baltimore MD 21201-5311

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

Name of Employer Mt Vernon 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	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_003394

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ralph W. Williams

Mailing Address 247 W Main St

City State Zip Code
Hendersonville TN 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 ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: 20080424_005389

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 129
(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)
Justin B. Wilson

Mailing Address 1212-A S Douglas Blvd

City State Zip Code
Midwest City OK 73130-5213

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

Name of Employer Occupation
Valu-Med Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_000583

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Lonny D. Wilson

Mailing Address PO Box 18204

City State Zip Code
Oklahoma City OK 73154

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

Name of Employer Occupation
Pharmacy Providers of Oklahoma, Inc. Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_010326

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Terry Wingo

Mailing Address 7131 University Dr NW

City State Zip Code
Huntsville AL 35806-1729

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

Name of Employer Occupation
Madison Drugs Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 20080424_011723

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 105 / 129
(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)
Allan Wong

Mailing Address 4445 Kissena Blvd # A

City State Zip Code
Flushing NY 11355-3055

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

Name of Employer Occupation
Victoria Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_007058

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
James T. Wood

Mailing Address 3868 Hwy 431 PO Box 899

City State Zip Code
Roanoke AL 36274-0899

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

Name of Employer Occupation
Emerging Home Care Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_004988

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Gary W. Worley

Mailing Address 718 W Main St

City State Zip Code
Livingston TN 38570

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

Name of Employer Occupation
Super Discount Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_017051

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 / 129

(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. Wright

Mailing Address 5009 Turnpike Feeder Rd

City State Zip Code
Fort Pierce FL 34951-2217

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Butterfield Drugs Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_003496

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Jeannette Young

Mailing Address 3708 Freemansburg Ave

City State Zip Code
Bethlehem PA 18020-6512

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Young's Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_000700

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address 1095 Tamiami Trl N Ste B

City State Zip Code
Nokomis FL 34275

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Village Pharmacy Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY
04 / 24 / 2008

Transaction ID: 20080424_018213

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 107 / 129
 (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 M. Young

Mailing Address 512 2nd Ave

City State Zip Code
Opelika AL 36801-4316

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

Name of Employer Occupation
Bubbas Medicine Shop Inc Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 8 / 2 0 0 8

Transaction ID: 20080408_010298

Amount of Each Receipt this Period
 500.00

Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	52442.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 129
(check only one)

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

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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	State	Zip Code
Alexandria	VA	22314

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3791.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 25764

Amount of Each Receipt this Period
873.75

Interest

SUBTOTAL of Receipts This Page (optional)	▶	873.75
TOTAL This Period (last page this line number only)	▶	873.75

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address American Expressway City Ft. Lauderdale State FL Zip Code 33337 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V25767 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 566.61
B.	Full Name (Last, First, Middle Initial) Discover Mailing Address PO Box 3016 City New Albany State OH Zip Code 43054 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V25768 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 117.88
C.	Full Name (Last, First, Middle Initial) EFS National Bank Mailing Address PO Box 30668 City Memphis State TN Zip Code 38130 Purpose of Disbursement Credit Card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V25766 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 2926.07

SUBTOTAL of Disbursements This Page (optional)	3610.56
TOTAL This Period (last page this line number only)	3610.56

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Baird for Congress	Transaction ID: 25851 Date of Disbursement
	Mailing Address PO Box 5016	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Vancouver State WA Zip Code 98668	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Brian Baird	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Nelson for U S Senate	Transaction ID: 25781 Date of Disbursement
	Mailing Address 972 W Whitmire Drive	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Bill Nelson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Boyd for Congress	Transaction ID: 25805 Date of Disbursement
	Mailing Address PO Box 15703	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name F. Allen Boyd, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brad Miller for United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name R. Bradley Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25807</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Carney for Congress</p> <p>Mailing Address PO Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Christopher P. Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25804</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25780</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>

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)

<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)
Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement CONTRIBUTION

Candidate Name Cathy McMorris Rodgers

Office Sought: House Senate President

State: WA District: 05

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 25858

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement CONTRIBUTION

Candidate Name Charles A. Gonzalez

Office Sought: House Senate President

State: TX District: 20

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 25808

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Charlie Melancon Campaign Committee Inc

Mailing Address PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement Contribution

Candidate Name Charlie Melancon

Office Sought: House Senate President

State: LA District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 25786

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ciro Rodriguez for Congress</p> <p>Mailing Address PO Box 14528</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ciro D. Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25777 Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address PO Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25845 Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Coleman for Senate 08</p> <p>Mailing Address 7300 Hudson Blvd Ste 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25797 Date of Disbursement 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. 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

CONTRIBUTION

Candidate Name

Elijah E. Cummings

Office Sought: House
 Senate
 President

State: MD District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 25819

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

011

Category/
Type

B. Full Name (Last, First, Middle Initial)
Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement

Contribution

Candidate Name

Debbie Wasserman Schultz

Office Sought: House
 Senate
 President

State: FL District: 20

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 25787

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

1000.00

011

Category/
Type

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

Mailing Address PO Box 2646

City Knoxville State TN Zip Code 37901

Purpose of Disbursement

CONTRIBUTION

Candidate Name

John J. Duncan, Jr.

Office Sought: House
 Senate
 President

State: TN District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 25849

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Engel for Congress	Transaction ID: 25827 Date of Disbursement 04 / 21 / 2008
	Mailing Address 462 California Road	Amount of Each Disbursement this Period 1000.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement CONTRIBUTION Candidate Name Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Enzi for Us Senate	Transaction ID: 25801 Date of Disbursement 04 / 15 / 2008
	Mailing Address PO Box 2775	Amount of Each Disbursement this Period 1000.00
	City Cody State WY Zip Code 82414	
	Purpose of Disbursement Contribution Candidate Name Michael B. Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 25842 Date of Disbursement 04 / 22 / 2008
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement CONTRIBUTION Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Friends of Frank Wolf <hr/> Mailing Address PO Box 221585 <hr/> City Chantilly State VA Zip Code 20153 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Frank R. Wolf Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25817 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends of Joe Pitts <hr/> Mailing Address PO Box 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25832 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown <hr/> Mailing Address PO Box 76187 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Sherrod Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25826 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 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)

<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) Gingrey for Congress Mailing Address PO Box U City Marietta State GA Zip Code 30060 Purpose of Disbursement CONTRIBUTION Candidate Name John Phillip Gingrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25834 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 1000.00 011 Category/Type
B.	Full Name (Last, First, Middle Initial) Glacier Pac Mailing Address 3242 Cummins Way City Missoula State MT Zip Code 59802 Purpose of Disbursement Contribution Candidate Name Glacier Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 25783 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 2500.00 011 Category/Type
C.	Full Name (Last, First, Middle Initial) Hall for Congress Committee (RALPH HALL - ROCKWALL, TEX-AS) Mailing Address Post Office Box 711 City Rockwall State TX Zip Code 75087 Purpose of Disbursement CONTRIBUTION Candidate Name Ralph M. Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25840 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 1000.00 011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Heath Shuler for Congress Mailing Address PO Box 8446 City Asheville State NC Zip Code 28814 Purpose of Disbursement Contribution Candidate Name Heath Shuler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25779 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Jeanne Shaheen for Senate Mailing Address PO Box 1510 City Manchester State NH Zip Code 03105 Purpose of Disbursement CONTRIBUTION Candidate Name Jeanne Shaheen Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25843 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Jo Bonner for Congress Committee Mailing Address PO Box 851232 City Mobile State AL Zip Code 36685 Purpose of Disbursement CONTRIBUTION Candidate Name Josiah Robins Bonner, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25806 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

<p>A. Full Name (Last, First, Middle Initial) Jon Porter for Congress Committee</p> <p>Mailing Address 1420 Cyress Creek Rd. Ste. 200-320</p> <p>City Cedar Park State TX Zip Code 78613</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Jon Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25813 Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kaptur for Congress</p> <p>Mailing Address PO Box 899</p> <p>City Toledo State OH Zip Code 43697</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Marcy Kaptur</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25800 Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) King for Congress</p> <p>Mailing Address 116 N Main St. PO Box 400</p> <p>City Early State IA Zip Code 50535</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Steve King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25811 Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 Terry for Congress	Transaction ID: 25860 Date of Disbursement
	Mailing Address PO Box 540098	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name Lee Terry	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lee Terry for Congress	Transaction ID: 25861 Date of Disbursement
	Mailing Address PO Box 540098	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Lee Terry	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lee, Sheila Jackson	Transaction ID: 25829 Date of Disbursement
	Mailing Address 4412 Almeda Road	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Houston State TX Zip Code 77004	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Sheila Jackson Lee	<input type="text" value="011"/> Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee</p> <p>Mailing Address PO Box 730</p> <p>City Honeoye State NY Zip Code 14471</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Louise M. Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25785 Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lucas for Congress</p> <p>Mailing Address Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Frank D. Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25830 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress</p> <p>Mailing Address 6 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Lucille Roybal-Allard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25828 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Matsui for Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Doris O. Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25857 Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) McCaul for Congress, Inc</p> <p>Mailing Address 815-A Brazos Street Pmb 230</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Michael T. McCaul</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25773 Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee</p> <p>Mailing Address PO Box 36831</p> <p>City Charlotte State NC Zip Code 28236</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Melvin L. Watt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25815 Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee	Transaction ID: 25847 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Mike Ross	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Napolitano for Congress	Transaction ID: 25823 Date of Disbursement
	Mailing Address 555 Capitol Mall, Suite 1425	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Grace F. Napolitano	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ortiz for Congress Committee	Transaction ID: 25793 Date of Disbursement
	Mailing Address PO Box 7806	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Corpus Christi State TX Zip Code 78467	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Solomon P. Ortiz	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pallone for Congress	Transaction ID: 25855 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1400.00"/>
	Candidate Name Frank Pallone, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pallone for Congress	Transaction ID: 25856 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name Frank Pallone, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) People for English	Transaction ID: 25798 Date of Disbursement
	Mailing Address 530 W 6th Street	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Erie State PA Zip Code 16507	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Phil English	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Restore America Pac, Inc.	Transaction ID: 25789 Date of Disbursement 04 / 07 / 2008
	Mailing Address PO Box 2275	
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Restore America Pac, Inc. 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) ▼	011 Category/Type

B.	Full Name (Last, First, Middle Initial) Right Track Pac	Transaction ID: 25788 Date of Disbursement 04 / 07 / 2008
	Mailing Address PO Box 17325	
	City Jonesboro State AR Zip Code 72403	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Right Track Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/Type

C.	Full Name (Last, First, Middle Initial) Rob Wittman for Congress	Transaction ID: 25848 Date of Disbursement 04 / 29 / 2008
	Mailing Address PO Box 999	
	City Montross State VA Zip Code 22520	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name Robert J. Wittman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ros-Lehtinen for Congress</p> <p>Mailing Address PO Box 522784</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Ileana Ros-Lehtinen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25835 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Ruben Hinojosa for Congress</p> <p>Mailing Address 502 North 11th Street</p> <p>City McAllen State TX Zip Code 78501</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Ruben E. Hinojosa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25853 Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Shore Pac</p> <p>Mailing Address PO Box 3157</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Shore Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 25791 Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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) Sires for Congress	Transaction ID: 25837 Date of Disbursement
	Mailing Address 6050 Blvd. East	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City West New York State NJ Zip Code 07093	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name Albio Sires Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> <input type="text" value="011"/> Category/ Type
B.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for South Dakota	Transaction ID: 25846 Date of Disbursement
	Mailing Address PO Box 2009	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name Stephanie M. Herseth Sandlin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> <input type="text" value="011"/> Category/ Type
C.	Full Name (Last, First, Middle Initial) Stupak for Congress	Transaction ID: 25809 Date of Disbursement
	Mailing Address 817 Ninth Avenue PO Box 156	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Menominee State MI Zip Code 49858	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name Bart Stupak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/> <input type="text" value="011"/> Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson	Transaction ID: 25799 Date of Disbursement 04 / 15 / 2008
	Mailing Address PO Box 822 400 Broadway, Suite 501	Amount of Each Disbursement this Period 1000.00
	City Cape Girardeau State MO Zip Code 63702	
	Purpose of Disbursement Contribution Candidate Name Jo Ann Emerson	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Texans for Henry Cuellar Congressional Campaign	Transaction ID: 25772 Date of Disbursement 04 / 01 / 2008
	Mailing Address 1519 Washington Street 2nd Floor, Suite 200	Amount of Each Disbursement this Period 1000.00
	City Laredo State TX Zip Code 78042	
	Purpose of Disbursement Contribution Candidate Name Henry Roberto Cuellar	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Thelma Drake for Congress	Transaction ID: 25810 Date of Disbursement 04 / 15 / 2008
	Mailing Address PO Box 61480	Amount of Each Disbursement this Period 1000.00
	City Virginia Beach State VA Zip Code 23466	
	Purpose of Disbursement CONTRIBUTION Candidate Name Thelma S. Drake	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tim Walz for Us Congress Mailing Address PO Box 938 City Mankato State MN Zip Code 56002 Purpose of Disbursement CONTRIBUTION Candidate Name Timothy J. Walz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25833 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee Mailing Address PO Box 1007 City Willows State CA Zip Code 95988 Purpose of Disbursement CONTRIBUTION Candidate Name Walter Herger, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25821 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
C.	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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25778 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 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)	95900.00