



A. Form/Schedule : **F3XA**  
Transaction ID :

An internal review of NCPA PAC found that a \$1,000 contribution on 3/5/08 to Udall for Colorado was not previously disclosed. Please note this amended report discloses this contribution.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Community Pharmacists Association - PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

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" style="display: inline-table; border-collapse: collapse;"><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 .....	656313.28									
(c) Total Receipts (from Line 19) .....	116593.94	195134.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	772907.22	872964.87								
7. Total Disbursements (from Line 31) .....	72535.24	172592.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	700371.98	700371.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	95416.66	109249.96
(ii) Unitemized .....	20381.00	81966.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	115797.66	191216.30
(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) .....	115797.66	191216.30
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.) .....	796.28	2917.72
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)) .....	116593.94	195134.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	116593.94	195134.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1535.24	4592.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1535.24	4592.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	168000.00
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))..	72535.24	172592.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72535.24	172592.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 141

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) .....	115797.66	191216.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	115797.66	191216.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1535.24	4592.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1535.24	4592.89

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 815 Frisco Ave

City State Zip Code  
Clinton OK 73601-3322

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Salisbury Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_016499

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Carl Allison

Mailing Address 780 SE Baya Dr

City State Zip Code  
Lake City FL 32025-5403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Baya Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_015794

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen J. Amato

Mailing Address 938 Patricia Ave

City State Zip Code  
Dunedin FL 34698-6023

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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_005425

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 8 / 141  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ralph E. Anderson

Mailing Address 631 16th St / PO Box 966

City Bedford State IN Zip Code 47421-0966

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

Name of Employer Crowders Drug Store Inc Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_007530  
Amount of Each Receipt this Period 100.00

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

Mailing Address PO Box 988

City Kitty Hawk State NC Zip Code 27949-0988

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

Name of Employer Bear Drugs Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_005774  
Amount of Each Receipt this Period 100.00

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

Mailing Address 431 Tonawanda St

City Buffalo State NY Zip Code 14207-2625

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

Name of Employer Black Rock Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_017253  
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 9 / 141  
(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)  
Donald W. Arthur, Jr.  
Mailing Address 935 Brighton Rd  
City Tonawanda State NY Zip Code 14150-8113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brighton Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_000956  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin Atkins  
Mailing Address 701 3rd St  
City Marble Falls State TX Zip Code 78654-5720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Atkins Pharmacy Services Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_017460  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Tommy R. Atkinson  
Mailing Address PO Box 349  
City Chesterfield State SC Zip Code 29709-0349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chesterfield Drug Co, Inc. Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_008456  
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 10 / 141  
(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 Au

Mailing Address 103 N Garfield Ave Ste D

City Alhambra State CA Zip Code 91801-3576

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

Name of Employer Main Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2008  
**Transaction ID:** 20080327\_005952  
 Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Avnet

Mailing Address 14124 Foothill Blvd

City Sylmar State CA Zip Code 91342-3030

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

Name of Employer Sayre Medical Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_012036  
 Amount of Each Receipt this Period 100.00

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

Mailing Address 2007 Camp Jackson Rd

City Cahokia State IL Zip Code 62206-2544

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

Name of Employer Fisher Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_007578  
 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 11 / 141  
(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)  
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 Baker's Pharmacy of Jamestown  
Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_011239

Amount of Each Receipt this Period  
100.00

**B.**

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 Eagle Lake Drug Store  
Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_012580

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
John H. Balch

Mailing Address 3 Commerce Dr

City State Zip Code  
Cumberland MD 21502-2565

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

Name of Employer Pharmicare Of Cumberland  
Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_011447

Amount of Each Receipt this Period  
1000.00

**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: (check only one)	PAGE 12 / 141
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles G. Barger, Sr.		Date of Receipt	
	Mailing Address 60 NE 1st St		M M / D D / Y Y Y Y 03 / 21 / 2008	
	City State Zip Code Pompano Beach FL 33060-6602		<b>Transaction ID:</b> 20080321_008903	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
	Name of Employer Pompano 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		

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Barnett		Date of Receipt	
	Mailing Address 412 Central Ave		M M / D D / Y Y Y Y 03 / 26 / 2008	
	City State Zip Code South Williamson KY 41503-4121		<b>Transaction ID:</b> 20080326_006880	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
	Name of Employer Family Pharmacy Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Delane M. Bassett		Date of Receipt	
	Mailing Address 419 E Davis St		M M / D D / Y Y Y Y 03 / 21 / 2008	
	City State Zip Code Luling TX 78648-2316		<b>Transaction ID:</b> 20080321_002375	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
	Name of Employer Luling Discount Pharmacy Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 141  
(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)  
Tony Bastian

Mailing Address 5199 Geary Blvd

City San Francisco State CA Zip Code 94118

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

Name of Employer Joes Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_022390  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard E. Beck

Mailing Address 802 N Carancahua #1830

City Corpus Christi State TX Zip Code 78401

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_007751  
Amount of Each Receipt this Period 100.00

**C.**

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

Mailing Address 56 Alger Dr

City Rochester State NY Zip Code 14624-4856

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

Name of Employer Milex Drug Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_013370  
Amount of Each Receipt this Period 500.00

**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 14 / 141  
(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)  
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 Pharmacy Plus, Inc. Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_012271  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy N. Bishop  
Mailing Address 103 Sand Mountain Dr NE

City State Zip Code  
Albertville AL 35950-1709

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_009895  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Herbert Blankenship  
Mailing Address 300 Main St Box 445

City State Zip Code  
Man WV 25635

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

Name of Employer Town Pharmacy Care Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 27 / 2008  
Transaction ID: 20080327\_022651  
Amount of Each Receipt this Period: 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number 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 / 141  
(check only one)

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

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

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

**A.**

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

Mailing Address 1822 W Market St

City Pottsville State PA Zip Code 17901-2002

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_015642

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Arie Bolshem

Mailing Address 3355 Neptune Ave.

City Brooklyn State NY Zip Code 11224

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

Name of Employer Bay Park Pharmacy Corp Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_021965

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 1238 National Pike

City Hopwood State PA Zip Code 15445-0090

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

Name of Employer Rx Plus Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_010062

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 141
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert A. Borgatti		Date of Receipt
	Mailing Address 150 Maple Ave W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	Vienna	VA	22180-5727
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080314_007444
Name of Employer Vienna Drug Center		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"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph J. Bova		Date of Receipt
	Mailing Address 75 DeKalb Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	Brooklyn	NY	11201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080314_013381
Name of Employer LIU - Arnold & Marie Schwartz COP		Occupation Director	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"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert C. Bowles, Jr.		Date of Receipt
	Mailing Address 301 N Center St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 21 / 2008
	City	State	Zip Code
	Thomaston	GA	30286-3636
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080321_011333
Name of Employer Big C Discount Drugs		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"/> 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 650.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 17 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sam Boyajian  
Mailing Address 131 E Main St  
City Gardner State KS Zip Code 66030-1309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gardner Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_018961  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Edward L. Boyd, Jr.  
Mailing Address 1035 N Emporia St  
City Wichita State KS Zip Code 67214-2944  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consumer's Pharmacy Inc Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_012151  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Larry L. Braden  
Mailing Address 4344-B Southside Dr  
City Acworth State GA Zip Code 30101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lacey Drug Co Inc Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_013465  
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 18 / 141  
(check only one)

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

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

**A.**

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

Mailing Address 405 Rochelle Ave

City Rochelle Park State NJ Zip Code 07662-3341

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_004616  
Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mac Bray

Mailing Address 662 EMain St

City Frankfort State KY Zip Code 40601

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

Name of Employer Capital Pharmacy And Med Equip Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2008  
**Transaction ID:** 20080314\_014419  
Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 1200 Main St

City Mt Vernon State IL Zip Code 62864

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

Name of Employer Byrd-Watson Drug Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_007945  
Amount of Each Receipt this Period 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 141  
(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 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 Snells Pharmacy      Occupation Owner/Manager

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	8

**Transaction ID:** 20080321\_020062

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 368

City State Zip Code  
Lincolnton NC 28092

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

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

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	8

**Transaction ID:** 20080321\_004515

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 414

City State Zip Code  
Lakeville NY 14480-0414

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

Name of Employer Livonia Pharmacy      Occupation Owner/Manager

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	8

**Transaction ID:** 20080321\_017937

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John Brossart, Jr.  
Mailing Address 45B S Miami Ave  
City Cleves State OH Zip Code 45002-1216  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brossart Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_015152  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Brown  
Mailing Address 1502 Pittson Ave.  
City Scranton State PA Zip Code 18505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brown's Drug Store Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_003645  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Brown  
Mailing Address 5277 Lincoln Hwy  
City Gap State PA Zip Code 17527-9427  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Longenecker Pharmacy Inc Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_019965  
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 21 / 141  
(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)  
Joseph G. Brummer

Mailing Address PO Box 107

City State Zip Code  
Anthony KS 67003-0107

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

Name of Employer Irwin Potter Drug Medical Lab  
Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_010374

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 68 N Bellwood Rd

City State Zip Code  
Bethalto IL 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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_013700

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Steve Burklow

Mailing Address 4880 Woodbine Rd

City State Zip Code  
Pace FL 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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_001096

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 22 / 141

(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)  
Donnie R. Calhoun

Mailing Address 3320 Henry Rd

City State Zip Code  
Anniston AL 36207-6344

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

Name of Employer Occupation  
Golden Springs Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_015700

Amount of Each Receipt this Period

200.00

**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 Occupation  
Uniondale Chemists 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 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_000775

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 Occupation  
Oakdell Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_004042

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 23 / 141

(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 State Zip Code  
San Antonio TX 78229-4535

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

Name of Employer Occupation  
Oakdell Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_008142

Amount of Each Receipt this Period  
150.00

**B.**

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

Mailing Address PO Box 308

City State Zip Code  
Chetopa KS 67336-0308

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

Name of Employer Occupation  
Riggs Drugs Store Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_006143

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Chris Casey

Mailing Address 53 W Main St

City State Zip Code  
Victor NY 14564-1106

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

Name of Employer Occupation  
Mead Square Pharmacy, 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 Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: 20080314\_014956

Amount of Each Receipt this Period  
500.00

**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 24 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Frank J. Cassidy  
 Mailing Address 1 Winter St Ste 3  
 City State Zip Code  
 Rochester NH 03867-3108  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2008  
**Transaction ID:** 20080321\_010207  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Care Pharmacy Owner/Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Brian Caswell  
 Mailing Address 2303 Military Ave  
 City State Zip Code  
 Baxter Springs KS 66713-2324  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2008  
**Transaction ID:** 20080321\_005272  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wolkar Drug Inc President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
Nolton W. Causey, Jr.  
 Mailing Address 407 Bienville St  
 City State Zip Code  
 Natchitoches LA 71457-5702  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2008  
**Transaction ID:** 20080321\_011507  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Causey's Pharmacy Inc Owner/Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**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 25 / 141  
(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 A. Celayeta

Mailing Address PO Box 425

City State Zip Code  
Happy Camp CA 96039-0425

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

Name of Employer Occupation  
Clinic Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_022228

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 911  
109 W Kansas

City State Zip Code  
Cimarron KS 67835

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

Name of Employer Occupation  
Clark Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_006937

Amount of Each Receipt this Period  
150.00

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

Mailing Address PO Box 668, 3353 US Hwy 1

City State Zip Code  
Vass NC 28394

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

Name of Employer Occupation  
Coopers Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_007138

Amount of Each Receipt this Period  
100.00

**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 26 / 141  
(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)  
Alan B. Corley

Mailing Address 1004 Snapps Ferry Rd

City State Zip Code  
Greenville TN 37745

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

Name of Employer Occupation  
Corleys Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** 20080326\_009031

Amount of Each Receipt this Period  
250.00

**B.**

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_000904

Amount of Each Receipt this Period  
100.00

**C.**

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 Occupation  
Medical Center Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_014287

Amount of Each Receipt this Period  
416.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **766.65**

**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 27 / 141  
(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. Coughlin  
Mailing Address 5828 Reeds Rd  
City Mission State KS Zip Code 66202-2740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ScriptPro LLC Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_000393  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Robert B. Coulter  
Mailing Address 1123 Adams Ave  
City La Grande State OR Zip Code 97850-2605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Red Cross United Drug Inc Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_010755  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Covington  
Mailing Address 913 Manvel Ave  
City Chandler State OK Zip Code 74834-3851  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hite Drug Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 25 / 2008  
Transaction ID: 20080325\_006896  
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 28 / 141

(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)  
Lonnie Joe Craft

Mailing Address 480 SJefferson Ave

City State Zip Code  
Plain City OH 43064

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

Name of Employer Occupation  
Plain City Druggist 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 3 / 1 4 / 2 0 0 8

Transaction ID: 20080314\_018077

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
David R. Creecy

Mailing Address 498 Wythe Creek Rd

City State Zip Code  
Poquoson VA 23662-1936

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

Name of Employer Occupation  
Poquoson 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 3 / 2 6 / 2 0 0 8

Transaction ID: 20080326\_011692

Amount of Each Receipt this Period

600.00

**C.**

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_006773

Amount of Each Receipt this Period

100.00

**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 29 / 141  
(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)  
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 Davila Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_020440

Amount of Each Receipt this Period  
100.00

**B.**

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

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 Davila Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_017334

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address PO Box 3989

City State Zip Code  
Richmond VA 23235-7989

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

Name of Employer Buford Road Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_015846

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 30 / 141  
(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)  
Alicia Dawson

Mailing Address 9549 Ky Rt 122 Ste 2

City State Zip Code  
McDowell KY 41647

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

Name of Employer Occupation  
Mcdowell Professional Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_003888

Amount of Each Receipt this Period  
1500.00

**B.** 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 Occupation  
Standard Drug Store President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_011820

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ron Del Gaudio

Mailing Address 357 Flatbush Ave

City State Zip Code  
Brooklyn NY 11238-4378

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

Name of Employer Occupation  
Kings Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_004596

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

**TOTAL** This Period (last page this line number 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 / 141  
(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 A. Detura

Mailing Address 666 Ctlandt Ave

City State Zip Code  
Bronx NY 10451-5018

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

Name of Employer Melrose Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** 20080314\_011598

Amount of Each Receipt this Period  
1000.00

**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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_007406

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Bob N. Dishman

Mailing Address 1310 SW Lee Blvd

City State Zip Code  
Lawton OK 73501-5610

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

Name of Employer Dishman's Pharmacy Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2008

**Transaction ID:** 20080325\_010270

Amount of Each Receipt this Period  
600.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 141  
(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)  
M. Keith Dodson

Mailing Address 1610 N Main St

City State Zip Code  
Altus OK 73521-2145

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

Name of Employer Occupation  
Bunker Hill Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_008778

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
John R. Dreher

Mailing Address PO Box 10

City State Zip Code  
Emlenton PA 16373-0010

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

Name of Employer Occupation  
Linmas Drugs Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_012712

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 110 3rd St

City State Zip Code  
Henderson KY 42420-2993

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

Name of Employer Occupation  
Dunaways Imperial Phcy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_013507

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 33 / 141  
(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 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 ▼ 300.00

Date of Receipt 03 / 21 / 2008

Transaction ID: 20080321\_014816

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael F. Durbin

Mailing Address PO Box 305

City Mc Kee State KY Zip Code 40447-0305

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

Name of Employer Campbells Drug Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2008

Transaction ID: 20080314\_007487

Amount of Each Receipt this Period 500.00

**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 ▼ 300.00

Date of Receipt 03 / 21 / 2008

Transaction ID: 20080321\_004262

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 34 / 141  
(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)  
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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_003931

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Tyler P. Flaming

Mailing Address 1204 NW 6th Ave

City State Zip Code  
Grants Pass OR 97526

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

Name of Employer Occupation  
Service Drug Store President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

Transaction ID: 20080326\_020997

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Raymond K. Float

Mailing Address 2110 Gose Pike

City State Zip Code  
Danville KY 40422-9444

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

Name of Employer Occupation  
Good Neighbor Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: 20080314\_019956

Amount of Each Receipt this Period  
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 35 / 141  
(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 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_001452

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
William M. Ford

Mailing Address 3990 Hwy 25

City State Zip Code  
Montevallo AL 35115

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

Name of Employer Occupation  
Montevallo Drug Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID:** 20080325\_005920

Amount of Each Receipt this Period  
1000.00

**C.** 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_013939

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: (check only one)	PAGE 36 / 141		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas L. Funk		Date of Receipt
	Mailing Address 1020 Elmhurst Ave		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Concordia	KS	66901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Funk Pharmacy		Occupation Owner/Manager	<b>Transaction ID:</b> 20080321_012943
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis C. Galluzzo		Date of Receipt
	Mailing Address 2005 Niagara Falls Blvd Ste 3		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Buffalo	NY	14228-3520
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Family Medical Pharmacy Inc		Occupation Owner/Manager	<b>Transaction ID:</b> 20080314_018246
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="250.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Lorri Gebo-Shaver		Date of Receipt
	Mailing Address 235 S 4th Ave		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Pocatello	ID	83201-6438
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Shaver Pharmacy & Compounding Center		Occupation Owner/Manager	<b>Transaction ID:</b> 20080321_014537
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 141

(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 J. Gieser

Mailing Address 6695 Retta-Mansfield Rd

City State Zip Code  
Burleson TX 76028-4233

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

Name of Employer Occupation  
Rons Apothecary Shop 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  
03 / 14 / 2008

Transaction ID: 20080314\_008232

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 480 Main St

City State Zip Code  
Brookville IN 47012-1406

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

Name of Employer Occupation  
George's Family Pharmacy Inc Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_015255

Amount of Each Receipt this Period

200.00

**C.**

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

Mailing Address PO Box 188

City State Zip Code  
Middleport NY 14105-0188

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

Name of Employer Occupation  
Middleport Family Health Center Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_009347

Amount of Each Receipt this Period

250.00

**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 38 / 141

(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 C. Glick

Mailing Address 4484 Pahee St

City State Zip Code  
Lihue HI 96766-2031

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

Name of Employer Occupation  
Lihue Pharmacy, Inc. 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 3 / 1 4 / 2 0 0 8

Transaction ID: 20080314\_021358

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Glisson

Mailing Address PO Box 400

City State Zip Code  
Nashville NC 27856-0400

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

Name of Employer Occupation  
Ward Drug Company of Nashville Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_012503

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Tom Gong

Mailing Address 1825 Academy Ave

City State Zip Code  
Sanger CA 93657-3705

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

Name of Employer Occupation  
Barr 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 3 / 1 4 / 2 0 0 8

Transaction ID: 20080314\_013038

Amount of Each Receipt this Period

250.00

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

600.00

**TOTAL** This Period (last page this line number 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 / 141  
(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 L. Graf		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
Mailing Address 8614 Hartman Rd		<b>Transaction ID:</b> 20080321_012867
City Wadsworth	State OH	Zip Code 44281-9404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ritzman Pharmacies, Inc.	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Gary G. Grant		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address 1603 Sudney Ln		<b>Transaction ID:</b> 20080319_005305
City Lynn Haven	State FL	Zip Code 32444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Springfield Drugs Inc	Occupation Pharmacist	
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) Robert Greenwood		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
Mailing Address 224 Byron Ave		<b>Transaction ID:</b> 20080321_013583
City Waterloo	State IA	Zip Code 50702-3704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Greenwood Drug, Inc.	Occupation Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 141

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bobby Gregg		Date of Receipt	
	Mailing Address 511 Asheville Hwy		M M / D D / Y Y Y Y Y 03 / 21 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 20080321_002167
	Greenville	TN	37743-4669	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Atchley Drug Center Inc		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul R. Grisnik		Date of Receipt	
	Mailing Address 111 Mill St		M M / D D / Y Y Y Y Y 03 / 21 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 20080321_003433
	Grove City	PA	16127-1514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Rx Xpress		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Grout		Date of Receipt	
	Mailing Address 142 E Center St		M M / D D / Y Y Y Y Y 03 / 14 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 20080314_014790
	Medina	NY	14103-1621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Medicine Shoppe		Occupation Owner/Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		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 41 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 903 W. Frank Ave

City Lufkin State TX Zip Code 75904-3344

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

Name of Employer Medicine Shoppe Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_004334  
 Amount of Each Receipt this Period 100.00

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

Mailing Address 511 Memorial Blvd

City Springfield State TN Zip Code 37172-2905

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

Name of Employer Springfield Drugs Inc Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_013330  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Phil Hagerman

Mailing Address 2029 S Elms Rd. Bldg B Ste D

City Swartz Creek State MI Zip Code 48473

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

Name of Employer Diplomat Pharmacy Occupation President/CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2008  
**Transaction ID:** 20080319\_003865  
 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 42 / 141  
(check only one)

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

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

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

Mailing Address 255 Orchard View Terrace

City Medford State OR Zip Code 97504

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

Name of Employer West Main Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_013162  
Amount of Each Receipt this Period 100.00

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

Mailing Address PO Box 152643

City Arlington State TX Zip Code 76015-8643

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

Name of Employer DFW Prescriptions Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_014049  
Amount of Each Receipt this Period 150.00

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

Mailing Address PO Box 758

City Chapin State SC Zip Code 29036

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

Name of Employer Chapin Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_003349  
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 43 / 141  
(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)  
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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_022786

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_019305

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Rex E. Harrison

Mailing Address PO Box 505  
25372 Highway 195

City State Zip Code  
Double Springs AL 35553-0505

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

Name of Employer Occupation  
Harrison Drug Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_005922

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 44 / 141

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Debra L. Harron		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 144 Mountain View Rd		<b>Transaction ID:</b> 20080321_003754		
	City Mars Hill	State NC	Zip Code 28754-9700	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mars Hill Pharmacy	Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Brad N. Harth		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 1134 Washington St		<b>Transaction ID:</b> 20080321_010791		
	City Tell City	State IN	Zip Code 47586-1827	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Werner Drug Store	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>C.</b>	Full Name (Last, First, Middle Initial) Steve E. Hartwig		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 52 E Arrow St		<b>Transaction ID:</b> 20080321_009396		
	City Marshall	State MO	Zip Code 65340-2101	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Red Cross Pharmacy	Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

**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 45 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Bentley F. Hawley  
Mailing Address PO Box 4474  
City Odessa State TX Zip Code 79760-4474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Evans Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_008082  
Amount of Each Receipt this Period 100.00

**B.** 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 ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_015453  
Amount of Each Receipt this Period 100.00

**C.** 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 ▼ 450.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_014887  
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 46 / 141  
(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 J. Henry

Mailing Address 4831 35th Ave SW

City State Zip Code  
Seattle WA 98126-2709

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

Name of Employer Occupation  
Rxtra Care Pharmacy At the Mount Owner/Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_017299

Amount of Each Receipt this Period  
150.00

**B.**

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

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_007229

Amount of Each Receipt this Period  
100.00

**C.**

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_022166

Amount of Each Receipt this Period  
150.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 141  
(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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_009842

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_000529

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Eldon Hodges

Mailing Address 1010 S Main St

City State Zip Code  
Roswell NM 88203-5648

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

Name of Employer Occupation  
The Medicine Shop Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: 20080314\_003233

Amount of Each Receipt this Period  
800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number 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 / 141  
(check only one)

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

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

**A.**

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

Mailing Address PO Box 9

City Gloucester State VA Zip Code 23061-0009

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

Name of Employer Gloucester Pharmacy Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_015752

Amount of Each Receipt this Period  
150.00

**B.**

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_007872

Amount of Each Receipt this Period  
100.00

**C.**

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_002934

Amount of Each Receipt this Period  
150.00

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

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



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

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

FOR LINE NUMBER: PAGE 49 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Nancy S. Horn Barker

Mailing Address 26 E BRdway St

City Winchester State KY Zip Code 40391-2043

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

Name of Employer Corner Drug Winchester Inc Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_019292  
Amount of Each Receipt this Period 250.00

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

Mailing Address 16103 McMullen Hwy SW

City Cumberland State MD Zip Code 21502-6207

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_013285  
Amount of Each Receipt this Period 100.00

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

Mailing Address PO Box 155

City Hebron State CT Zip Code 06248-0155

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

Name of Employer Hebron Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_003694  
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 50 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 600 Maples Ave

City Honesdale State PA Zip Code 18431

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

Name of Employer: Howell's Medicine Center Occupation: Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 14 / 2008  
Transaction ID: 20080314\_016594  
Amount of Each Receipt this Period: 250.00

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

Mailing Address PO Box 40

City Burnet State TX Zip Code 78611-0040

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

Name of Employer: Lake Area Pharmacy Occupation: Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_003107  
Amount of Each Receipt this Period: 200.00

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

Mailing Address 339 W 3rd St

City Forest State MS Zip Code 39074

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

Name of Employer: Mr Discount Drugs Occupation: Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_014094  
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 51 / 141

(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)  
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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_017422

Amount of Each Receipt this Period

100.00

**B.**

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

Mailing Address 445 BRd St

City State Zip Code  
Salamanca NY 14779-1424

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

Name of Employer Occupation  
Park Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_012803

Amount of Each Receipt this Period

100.00

**C.**

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

Mailing Address 1316 Sycamore School Rd Ste 130

City State Zip Code  
Fort Worth TX 76134-4956

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

Name of Employer Occupation  
Hallmark Pharmacy President

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2008

Transaction ID: 20080325\_016671

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 141  
(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)  
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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_019593

Amount of Each Receipt this Period  
100.00

**B.**

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_016638

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Patty Johnston

Mailing Address 211 Granville Ave

City State Zip Code  
Beckley WV 25801-6004

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

Name of Employer Occupation  
Colony Drug Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_013091

Amount of Each Receipt this Period  
150.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 141  
(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)  
Steven C. Judy

Mailing Address 24 N Main St

City State Zip Code  
Petersburg WV 26847-1518

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

Name of Employer Occupation  
Judys Drug Store Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_008858

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 640 N Fountain Ave

City State Zip Code  
Springfield OH 45504-2202

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

Name of Employer Occupation  
Madison Avenue Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_017780

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel D. Jurovich

Mailing Address 2043 Grand Ave

City State Zip Code  
Billings MT 59102-2614

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

Name of Employer Occupation  
Juros United Drugs Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2008

**Transaction ID:** 20080327\_000234

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 54 / 141  
(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 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 ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_011148  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Steve P. Karagiannis  
Mailing Address 7124 W Higgins Ave  
City Chicago State IL Zip Code 60656-1904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Norwood Drugs Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 25 / 2008  
Transaction ID: 20080325\_006833  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Nicholas Karalis  
Mailing Address 194 S Middletown Rd  
City Elwyn State PA Zip Code 19063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Elwyn Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_022559  
Amount of Each Receipt this Period 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 55 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 450.00

Date of Receipt: 03 / 21 / 2008  
**Transaction ID:** 20080321\_000185  
 Amount of Each Receipt this Period: 150.00

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

Mailing Address 110 EHuntington Dr

City Monrovia State CA Zip Code 91016-3415

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

Name of Employer Modern Healthcare Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 14 / 2008  
**Transaction ID:** 20080314\_011001  
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 5136 Hill Rd E

City Lakeport State CA Zip Code 95453-6300

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

Name of Employer North Lake Medical Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2008  
**Transaction ID:** 20080327\_014317  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00

**TOTAL** This Period (last page this line number 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 / 141
	(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

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

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

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

Mailing Address 475 S Poplar St

City State Zip Code  
Hazleton PA 18201-7732

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

Name of Employer Heights Terrace Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID:** 20080325\_012485

Amount of Each Receipt this Period  
500.00

**B.** 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 Clinic Pharmacy Of Ky Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_005884

Amount of Each Receipt this Period  
150.00

**C.** 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 Kemps Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_001320

Amount of Each Receipt this Period  
100.00

**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 57 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 1101 W. 120th Ave, Ste 400

City State Zip Code  
Broomfield CO 80021

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_014134

Amount of Each Receipt this Period  
200.00

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

Mailing Address 8946 Lewis Ave.

City State Zip Code  
Temperance MI 48182

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

Name of Employer Occupation  
Crary Drug Owner/Manager

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_021975

Amount of Each Receipt this Period  
100.00

**C.** 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_017881

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 58 / 141  
(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 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 Northwest Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_021158

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 67 Lemay Ct

City State Zip Code  
Williamsville NY 14221

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

Name of Employer Ivylea Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_009201

Amount of Each Receipt this Period  
150.00

**C.**

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

Mailing Address 1017 Ellington St

City State Zip Code  
Delano CA 93215-2621

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

Name of Employer Komoto Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** 20080326\_002524

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number 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 / 141  
(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)  
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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_000671

Amount of Each Receipt this Period  
100.00

**B.**

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_011865

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 406 W Putnam Ave

City State Zip Code  
Porterville CA 93257-3321

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

Name of Employer Occupation  
Seven 02 Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_016759

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 141
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chester A. Kuykendall, Jr.		Date of Receipt
	Mailing Address 500 W Commercial St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 21 / 2008
	City	State	Zip Code
	Ozark	AR	72949-0292
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080321_008033
Name of Employer Village Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah Lange		Date of Receipt
	Mailing Address 5362 Pinecastle Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 21 / 2008
	City	State	Zip Code
	West Chester	OH	45069-1811
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080321_020032
Name of Employer Target Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tim G. Larsen		Date of Receipt
	Mailing Address PO Box 5120		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 21 / 2008
	City	State	Zip Code
	Yelm	WA	98597-5120
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080321_012727
Name of Employer Tims Pharmacy And Gift Shop		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 141

(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 Occupation  
Lassiter Drug Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_010106

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Jayne Laughbaum

Mailing Address 720 N Industrial Blvd

City State Zip Code  
Euleless TX 76039-7439

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

Name of Employer Occupation  
Super Value Pharmacy Pharmacist

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2008

Transaction ID: 20080319\_000258

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 7275 N Oak Trfy / PO BOX 28444

City State Zip Code  
Gladstone MO 64188

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

Name of Employer Occupation  
Great Oak Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_011378

Amount of Each Receipt this Period  
150.00

**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 62 / 141

(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)  
Joseph P. Lech

Mailing Address 13 Rockledge Ln

City State Zip Code  
Tunkhannock PA 18657-6855

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

Name of Employer Occupation  
Lech's Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_013234

Amount of Each Receipt this Period

350.00

**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 Occupation  
Roger's Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_016545

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 Occupation  
Lehan Drugs Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_017561

Amount of Each Receipt this Period

150.00

**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 63 / 141

(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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_003584

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_015523

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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 8

Transaction ID: 20080321\_001735

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 64 / 141  
(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)  
Ron Lind

Mailing Address PO Box 99

City Freeland State WA Zip Code 98249

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

Name of Employer Linds' Freeland Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_005730  
Amount of Each Receipt this Period 300.00

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

Mailing Address 433 W Hill St

City Thomson State GA Zip Code 30824-2116

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_006043  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ennie V. Lopez

Mailing Address PO Box 356

City Caguas State PR Zip Code 00726-0356

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

Name of Employer Farmacia Betances Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_009757  
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 65 / 141  
(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)  
Lewis Lowe

Mailing Address 339 9th Ave SW

City State Zip Code  
Lafayette AL 36862-2803

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

Name of Employer Lowes Pharmacy Inc Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2008

Transaction ID: 20080327\_011919

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 237 Hassan St. SE/PO Box 695

City State Zip Code  
Hutchinson MN 55350

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

Name of Employer Family Rexall Drug Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_015220

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Mace

Mailing Address PO Box 777  
PO Box 777

City State Zip Code  
Rock Hill NY 12775

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

Name of Employer Rock Hill Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

Transaction ID: 20080321\_022635

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: (check only one)	PAGE 66 / 141
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Raymond Macioci	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 2941 Westchester Ave	<b>Transaction ID:</b> 20080314_004221
	City State Zip Code Bronx NY 10461-4534	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Pilgrim Pharmacy Inc Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eddie M. Madden	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 101 College Ave	<b>Transaction ID:</b> 20080321_009070
	City State Zip Code Elberton GA 30635-1705	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Maddens Pharmacy Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert L. Maher, Sr.	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address PO Box 45	<b>Transaction ID:</b> 20080321_010153
	City State Zip Code Patton PA 16668-0045	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Patton Pharmacy And V And S Variety Owner/Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 141
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Vijay T. Maktal	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 325 Raritan Ave	<b>Transaction ID:</b> 20080321_019999
	City State Zip Code Highland Park NJ 08904-2701	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Saiff Drugs Occupation Owner/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Matt Mallinson	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 11200 1/2 E US Hwy 24	<b>Transaction ID:</b> 20080321_000101
	City State Zip Code Independence MO 64054-1514	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Matts Medicine Store Occupation Owner/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dave Marley	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 5008 Peters Creek Pkwy	<b>Transaction ID:</b> 20080321_021570
	City State Zip Code Winston Salem NC 27127-7276	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Marley Drug Inc Occupation Owner/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 141  
(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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_012421  
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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_010021  
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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_021933  
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 69 / 141  
(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)  
Ronald E. Matson

Mailing Address 1365 Main St

City State Zip Code  
Brockway PA 15824-1635

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

Name of Employer Occupation  
Brockway Drug Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID:** 20080325\_001216

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 101 Canal St

City State Zip Code  
Ellenville NY 12428-1403

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

Name of Employer Occupation  
Matthews Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_001541

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
William V. Mattson

Mailing Address 410 S Meier Rd

City State Zip Code  
Mt Prospect IL 60056

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

Name of Employer Occupation  
Ballin Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_001631

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number 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 / 141  
(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)

Joseph M. Maxwell, Jr.

Mailing Address PO Box 726

City State Zip Code  
Frankston TX 75763-0726

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

Name of Employer Occupation  
Maxwell Pharmacy 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  
03 / 25 / 2008

Transaction ID: 20080325\_012608

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen J. McCahan

Mailing Address 813A Lower Main St

City State Zip Code  
Saxton PA 16678-1139

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

Name of Employer Occupation  
Mccahans Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_002538

Amount of Each Receipt this Period

100.00

**C.**

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 Occupation  
Medical Park Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_020836

Amount of Each Receipt this Period

75.00

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

675.00

**TOTAL** This Period (last page this line number 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 / 141  
(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)  
Steven McDaniel

Mailing Address 5901 Bell St Ste C-32

City Amarillo State TX Zip Code 79109-6263

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

Name of Employer Southpark Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_017154  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara J. McDonald

Mailing Address Po Box. 229

City Cohoes State NY Zip Code 12047

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

Name of Employer Marras Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2008  
Transaction ID: 20080325\_007283  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
John T. McDonald, III

Mailing Address 217 Remsen St

City Cohoes State NY Zip Code 12047-3024

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

Name of Employer Marra's Pharmacy Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2008  
Transaction ID: 20080325\_013298  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**TOTAL** This Period (last page this line number 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 / 141  
(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)  
Fritz McGinnis

Mailing Address 120 F St

City State Zip Code  
Cheney WA 99004

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

Name of Employer: Cheney Owl Pharmacy  
Occupation: Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID:** 20080325\_017069

Amount of Each Receipt this Period  
500.00

**B.**

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: Pharmax Pharmacy #1302  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_018447

Amount of Each Receipt this Period  
100.00

**C.**

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: Arch Street Pharmacy  
Occupation: Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_022957

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 73 / 141

(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)  
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  
Santa Clarita Health Care  
Pharmacy

Occupation  
Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_015987

Amount of Each Receipt this Period

150.00

B.

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_009716

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)  
Clifford Meece, Jr.

Mailing Address 1704 E Fryar Dr

City	State	Zip Code
Sallisaw	OK	74955-5252

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

Name of Employer  
Clifs Pharmacy

Occupation  
Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2008

Transaction ID: 20080314\_011087

Amount of Each Receipt this Period

400.00

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 / 141  
(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)  
Rodney Bruce Melikian  
Mailing Address 402 S Madera Ave Ste A  
City Madera State CA Zip Code 93637-3203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Madera Medical Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_021382  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Lonnie L. Meredith  
Mailing Address 100 S Ave East  
City Haskell State TX Zip Code 79521-0528  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Drug Store Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_005317  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Debra S. Meshanski  
Mailing Address 445 W. Main St. Ste. 6  
City Mount Pleasant State PA Zip Code 15666-1533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Diamond Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: 20080314\_021709  
Amount of Each Receipt this Period 500.00

**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: (check only one)	PAGE 75 / 141
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry Meyers		Date of Receipt
	Mailing Address 20914 Roscoe Blvd		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canoga Park	CA	91304-4308
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080321_016198
Name of Employer DeSoto Pharmacy		Occupation Owner/Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Kerry S. Milano		Date of Receipt
	Mailing Address 3544 W Esplanade Ave		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Metairie	LA	70002
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080321_017841
Name of Employer Giuffria Inc /Chateau Drugs		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="450.00"/>	<input type="text" value="150.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Gene Milburn		Date of Receipt
	Mailing Address Box 13		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ottawa	KS	66067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080314_022423
Name of Employer		Occupation Retired	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="500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 76 / 141  
(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)  
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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_018505

Amount of Each Receipt this Period  
75.00

**B.** 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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_020090

Amount of Each Receipt this Period  
200.00

**C.** 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_022876

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**TOTAL** This Period (last page this line number 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 / 141  
(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 W. Minesinger

Mailing Address 311 N Western Ave

City Peoria State IL Zip Code 61604

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

Name of Employer American Pharmacy of Illinois Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_000070  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Martin B. Mintz

Mailing Address 6701 Harford Rd

City Baltimore State MD Zip Code 21234

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_008339  
Amount of Each Receipt this Period 100.00

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

Mailing Address PO Box A

City Forest City State PA Zip Code 18421-0130

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

Name of Employer Red Cross Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_012468  
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: <span style="float: right;">PAGE 78 / 141</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven F. Moore	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 28 Montcalm Ave	<b>Transaction ID:</b> 20080321_020347
	City State Zip Code Plattsburgh NY 12901-1533	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Condo Pharmacy Occupation Owner/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

<b>B.</b>	Full Name (Last, First, Middle Initial) W. Whitaker Moose	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address PO Box 67	<b>Transaction ID:</b> 20080321_009800
	City State Zip Code Mount Pleasant NC 28124-0067	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Moose Drug Company Occupation Owner/Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Garry Moreland	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 124 N Congress St	<b>Transaction ID:</b> 20080321_018899
	City State Zip Code Rushville IL 62681-1434	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Moreland And Devitt Inc Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 141  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jim Morisoli

Mailing Address 103 E Highland Ave

City San Bernardino State CA Zip Code 92404-3603

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

Name of Employer American Surgical Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2008  
**Transaction ID:** 20080314\_006740  
Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address PO Box 6737

City Pickens State SC Zip Code 29671-0066

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

Name of Employer Corner Drug Store Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_003045  
Amount of Each Receipt this Period 75.00

**C.**

Full Name (Last, First, Middle Initial)  
William P. Morris

Mailing Address 261 S Gate Shop Ctr

City Culpeper State VA Zip Code 22721

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

Name of Employer Culpeper Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** 20080331\_002663  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

**TOTAL** This Period (last page this line number 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 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas Edward Moss, III  
Mailing Address 1804 W 59th St

City State Zip Code  
Bradenton FL 34209-4690

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

Name of Employer: Medical Arts Pharmacy   Occupation: Owner/Manager

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2008  
Transaction ID: 20080325\_022674  
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: Mosso's Pharmacy   Occupation: Owner/Manager

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_007328  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Steven J. Mueller  
Mailing Address 5555 N Bend Rd

City State Zip Code  
Burlington KY 41005

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

Name of Employer: Burlington Pharmacy Health Care   Occupation: Owner/Manager

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 14 / 2008  
Transaction ID: 20080314\_010369  
Amount of Each Receipt this Period: 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 81 / 141  
(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)  
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 Mullins Pharmacy, Inc. Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_015357

Amount of Each Receipt this Period  
150.00

**B.**

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

Mailing Address 6 E 32nd St Fl 5

City State Zip Code  
New York NY 10016-5422

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

Name of Employer Town Total Health / Nutrition, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2008

Transaction ID: 20080314\_014014

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas S. Nelson

Mailing Address 2821 J St

City State Zip Code  
Sacramento CA 95816-4315

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

Name of Employer Puccis Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2008

Transaction ID: 20080327\_002050

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2150.00**

**TOTAL** This Period (last page this line number 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 / 141  
(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)  
P. Kevin Nestrick

Mailing Address 1151 W Iron Springs Rd Ste D

City State Zip Code  
Prescott AZ 86305-1614

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

Name of Employer Altius Health      Occupation Owner/Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	8

**Transaction ID:** 20080321\_010870

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 Newberry Express Pharmacy      Occupation Owner/Manager

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	8

**Transaction ID:** 20080327\_011495

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5401 California Ave SW

City State Zip Code  
Seattle WA 98136-1512

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

Name of Employer Westside Pharmacy      Occupation 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
0	3	/	1	4	/	2	0	0	8

**Transaction ID:** 20080314\_010371

Amount of Each Receipt this Period  
250.00

**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 / 141  
(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)  
Boyd J. Nielson

Mailing Address 25 W Main

City State Zip Code  
Castle Dale UT 84513-0556

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

Name of Employer Occupation  
Boyd's Family Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

**Transaction ID:** 20080328\_013379

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Boris Niyazov

Mailing Address 1302 2nd Ave

City State Zip Code  
New York NY 10021-5707

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

Name of Employer Occupation  
Healthsource Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_003890

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 1306

City State Zip Code  
Southwest Harbor ME 04679-4227

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

Name of Employer Occupation  
Carroll Drug Store Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_004070

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number 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 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen Norman

Mailing Address 101 E Main St.

City Willow Spgs State MO Zip Code 65793

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

Name of Employer Ferguson Drug Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_008514  
 Amount of Each Receipt this Period 100.00

**B.** 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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_021104  
 Amount of Each Receipt this Period 100.00

**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 ▼ 450.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_013641  
 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 85 / 141  
(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)  
Stephanie Goodart O'Neal  
Mailing Address PO Box 757

City Wynne State AR Zip Code 72396-0757

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

Name of Employer Wynne Medical Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_005488  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Frank A. Odeh  
Mailing Address 3026 Javier Rd

City Fairfax State VA Zip Code 22031-4636

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

Name of Employer Prosperity Speciality Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_019513  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Tony Ogden  
Mailing Address 6415 Sands Dr

City Pasadena State TX Zip Code 77505-3841

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

Name of Employer Groveway Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_006606  
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 86 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2400 32nd Ave S

City State Zip Code  
Fargo ND 58103-5800

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

Name of Employer Occupation  
South Pointe Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_013993

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1505 E Bj Tunnell Blvd

City State Zip Code  
Miami OK 74354-3801

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

Name of Employer Occupation  
Osborn Drugs, Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_016278

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Scott E. Parker

Mailing Address 116 E Chapman Ave

City State Zip Code  
Orange CA 92866-1402

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

Name of Employer Occupation  
Watson Drug Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_014925

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 87 / 141  
(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 Peters

Mailing Address PO Box 809

City Calais State ME Zip Code 04619-0809

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

Name of Employer Treworgy Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2008  
**Transaction ID:** 20080325\_003512  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Katherine Petsos

Mailing Address 90 S Sykes Creek Pkwy

City Merritt Island State FL Zip Code 32952-3593

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

Name of Employer Walgreens Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_021258  
Amount of Each Receipt this Period 100.00

**C.** 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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_022815  
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 88 / 141  
(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)  
Douglas Pinnow

Mailing Address 1028 1st Center Ave

City State Zip Code  
Brodhead WI 53520

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

Name of Employer Pinnow Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_015281

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeff Pippenger

Mailing Address 401 S Main St

City State Zip Code  
Eufaula OK 74432-3251

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_021527

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter A. Pogany

Mailing Address 611 Park Ave

City State Zip Code  
Plainfield NJ 07060-1612

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

Name of Employer Rapps Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_005092

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 89 / 141  
(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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_022297

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_022470

Amount of Each Receipt this Period  
100.00

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

Mailing Address 333 S Michigan Ave

City State Zip Code  
Saginaw MI 48602-2024

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

Name of Employer Occupation  
Princing's Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_001383

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number 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 / 141  
(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)  
Zachary Proniloff

Mailing Address 2611 E. Washington Blvd.

City Pasadena State CA Zip Code 91107

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

Name of Employer Ararat Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_021952  
 Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address Box 1323 331 Enterprise Blvd

City Lake Charles State LA Zip Code 70602

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

Name of Employer Pryces Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_007696  
 Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas M. Quinlan

Mailing Address 107 N Main St

City Wayland State NY Zip Code 14572-1033

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

Name of Employer Quinlan Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_012617  
 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 / 141  
(check only one)

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

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

**A.**

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

Mailing Address 1003 Madison St

City State Zip Code  
Oak Park IL 60302-4412

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

Name of Employer Occupation  
Sears Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_003541

Amount of Each Receipt this Period  
133.34

**B.**

Full Name (Last, First, Middle Initial)  
James R. Rankin

Mailing Address 1106 BRdway

City State Zip Code  
Highland IL 62249-1917

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

Name of Employer Occupation  
Family Care Pharmacy President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_007630

Amount of Each Receipt this Period  
150.00

**C.**

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 Occupation  
University Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_002772

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **383.34**

**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 92 / 141

(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 D. Ray

Mailing Address 400 S Main St

City State Zip Code  
Mansfield TX 76063-3107

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

Name of Employer Occupation  
Rays 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  
03 / 14 / 2008

Transaction ID: 20080314\_008371

Amount of Each Receipt this Period

500.00

**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 Occupation  
Harbor Drug Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_016696

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 Occupation  
Family Prescription Center Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_018120

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 93 / 141  
(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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_016122

Amount of Each Receipt this Period  
100.00

**B.**

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_022402

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Karen Ridgway-Tracy

Mailing Address 3101 E 3rd St

City State Zip Code  
Dayton OH 45403-2139

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

Name of Employer Ridgway Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2008

Transaction ID: 20080319\_018242

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 141

(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 J. Riehl

Mailing Address 5814 Rising Sun Ave

City State Zip Code  
Philadelphia PA 19120-1126

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

Name of Employer Occupation  
Rings Drugs Ltd 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  
03 / 26 / 2008

Transaction ID: 20080326\_019183

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address 417 S Victory St

City State Zip Code  
Little Rock AR 72201-2932

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

Name of Employer Occupation  
AR Pharmacist Assoc. Pharmacist

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_009575

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Gerald W. Roberts

Mailing Address 1 Westbury Dr Ste B 270

City State Zip Code  
Saint Charles MO 63301-2561

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

Name of Employer Occupation  
Standard Drug Company Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_011574

Amount of Each Receipt this Period

100.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address PO Box 2583

City Ardmore State OK Zip Code 73402-2583

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

Name of Employer Express Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_012301  
 Amount of Each Receipt this Period 300.00

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

Mailing Address 3510 N. Midkiff Ste 100

City Midland State TX Zip Code 79705-3210

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 ▼ 500.00

Date of Receipt 03 / 14 / 2008  
**Transaction ID:** 20080314\_001217  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Merlin E. Rose

Mailing Address PO Box 399

City Pampa State TX Zip Code 79066-0399

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

Name of Employer Keyes Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2008  
**Transaction ID:** 20080314\_001955  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number 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 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert T. Rossow  
Mailing Address 4902 Clio Rd  
City Flint State MI Zip Code 48504-1898  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clio Road Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 03 / 26 / 2008  
Transaction ID: 20080326\_005341  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Joe Rudolph  
Mailing Address 2401 Pennsylvania Ave  
City Philadelphia State PA Zip Code 19130-3010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Philadelphian Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_006492  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald Louis Rumsey  
Mailing Address 9209 Elam Rd Ste 105  
City Dallas State TX Zip Code 75217-7359  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Elam Road Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_016883  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00  
**TOTAL** This Period (last page this line number 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 / 141  
(check only one)

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

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

**A.**

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

Mailing Address 7857 US Hwy 27

City State Zip Code  
Alexandria KY 41001-1045

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

Name of Employer Occupation  
Alexandria Drugs Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_010966

Amount of Each Receipt this Period  
100.00

**B.**

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 Occupation  
Pauls Community Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_015320

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 7401 Lahana Cir

City State Zip Code  
Boynton Beach FL 33437-7172

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

Name of Employer Occupation  
Saiff Drugs Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_014658

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 / 141

(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)

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:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_020258

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Max Salvatore

Mailing Address 2500 Nesconset Hwy, Bldg. 3A

City State Zip Code  
Stony Brook NY 11790-2555

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Medical Park Drug And Surgical

Occupation  
Owner/Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_010289

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sal F. Saraniti

Mailing Address 2817 E. Oakland Park Blvd., Ste 30

City State Zip Code  
Fort Lauderdale FL 33306

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Commcare Pharmacy- FTL

Occupation  
Owner/Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_016388

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 99 / 141  
(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)  
Shirow Sasaki

Mailing Address 1115 G St

City State Zip Code  
Reedley CA 93654-3003

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

Name of Employer Occupation  
Reedley Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_004397

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher A. Sauls

Mailing Address 2578 Niagra Falls Blvd

City State Zip Code  
Niagara Falls NY 14304

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

Name of Employer Occupation  
Summit Park Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_000608

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City State Zip Code  
Cincinnati OH 45223-2245

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

Name of Employer Occupation  
Schaeper's Northside Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_006713

Amount of Each Receipt this Period  
100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 141  
(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 ▼ 300.00  
Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_021886  
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 ▼ 450.00  
Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_001176  
Amount of Each Receipt this Period: 150.00

**C.** 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, Inc. Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 21 / 2008  
Transaction ID: 20080321\_006307  
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 101 / 141  
(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 A. Schneiderman

Mailing Address PO Box 575

City State Zip Code  
Mount Freedom NJ 7970

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

Name of Employer Occupation  
Pink's Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_021092

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert S. Schreiber

Mailing Address 82 N Pennsylvania Ave

City State Zip Code  
Morrisville PA 19067-1110

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

Name of Employer Occupation  
Burns Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_009419

Amount of Each Receipt this Period  
500.00

**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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_009503

Amount of Each Receipt this Period  
100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 141  
(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)  
Arthur C. Seigfreid

Mailing Address 6655 Sorensen Pkwy

City State Zip Code  
Omaha NE 68152-2139

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

Name of Employer Occupation  
Seig Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_006250

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence K. Shanley

Mailing Address PO Box 86

City State Zip Code  
Peru NY 12972-0086

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

Name of Employer Occupation  
Peru Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.01

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_005174

Amount of Each Receipt this Period  
91.67

**C.**

Full Name (Last, First, Middle Initial)  
Robert H. Sherman

Mailing Address 5993 Lindhurst Ave

City State Zip Code  
Marysville CA 95901-6100

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

Name of Employer Occupation  
Medi Mart Pharmacy General Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_020651

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 291.67

**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 103 / 141  
(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)  
Woody G. Shultz

Mailing Address 404 S Dr J B Riggs Dr

City State Zip Code  
Groesbeck TX 76642-1824

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

Name of Employer Shultz Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2008

**Transaction ID:** 20080319\_009374

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City State Zip Code  
Carlisle PA 17015-9033

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

Name of Employer Harrisburg Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_004914

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 110 W Harvard Blvd

City State Zip Code  
Santa Paula CA 93060-3874

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

Name of Employer Seebers United Drug Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_011456

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

**TOTAL** This Period (last page this line number 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 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address PO Box 497/ N 6 Clark St

City Republic State WA Zip Code 99166

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

Name of Employer Republic Drug Store Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2008  
Transaction ID: 20080325\_001477  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City Croydon State PA Zip Code 19021-5412

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

Name of Employer Mats Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_017641  
Amount of Each Receipt this Period 100.00

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

Mailing Address 621 W 29th St

City San Angelo State TX Zip Code 76903-2827

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

Name of Employer Lakeview Saveall Pharmacy Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_011479  
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 105 / 141  
(check only one)

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

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

**A.**

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

Mailing Address 155 Main St

City 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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_014724

Amount of Each Receipt this Period

150.00

**B.**

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

Mailing Address 316 8th St

City State Zip Code  
Hogquiam WA 98550-3606

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

Name of Employer Occupation  
Harbor Drug Company 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  
03 / 21 / 2008

Transaction ID: 20080321\_019654

Amount of Each Receipt this Period

100.00

**C.**

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 Occupation  
Medicine Man West Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_002991

Amount of Each Receipt this Period

150.00

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

400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 141  
(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)  
Edwin E. Smith, Jr.

Mailing Address PO Box 515

City State Zip Code  
Tappahannock VA 22560

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

Name of Employer Occupation  
Tappahannock Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_008478

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 582 S Ohio St

City State Zip Code  
Salina KS 67401

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

Name of Employer Occupation  
Jims Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_021752

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kelly Soekarmoen

Mailing Address 110 S Main St

City State Zip Code  
Vicksburg MI 49097-1211

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

Name of Employer Occupation  
Hills Pharmacy Of Vicksburg Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_000736

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 107 / 141  
(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 G. Somers  
Mailing Address 1025 153rd St SE Ste 104  
City Mill Creek State WA Zip Code 98012-4051  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mill Creek Pharmacy Occupation Owner/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 26 / 2008  
Transaction ID: 20080326\_014011  
Amount of Each Receipt this Period 300.00

**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 ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_010425  
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 ▼ 300.00  
Date of Receipt 03 / 21 / 2008  
Transaction ID: 20080321\_021437  
Amount of Each Receipt this Period 100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 141

(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)  
William V. Stenberg

Mailing Address 1212 California Ave

City State Zip Code  
Los Banos CA 93635-4224

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

Name of Employer Occupation  
Los Banos Drugs 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  
03 / 25 / 2008

Transaction ID: 20080325\_008284

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 314 S Main St

City State Zip Code  
Canyonville OR 97417

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

Name of Employer Occupation  
Gordons Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_018837

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Nestor Stewart

Mailing Address 1100 Smithville Hwy Ste 114

City State Zip Code  
Mc Minnville TN 37110-1664

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

Name of Employer Occupation  
Stewarts Pharmacy Owner/Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2008

Transaction ID: 20080314\_008313

Amount of Each Receipt this Period

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 109 / 141  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gerald D. Stone</p> <p>Mailing Address 404 Hwy 27</p> <p>City State Zip Code Comfort TX 78013</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation The Drug Shop Owner/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 21 / 2008</p> <p><b>Transaction ID:</b> 20080321_021797</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Rick Stradtner</p> <p>Mailing Address 420 NW 5th St Ste 1A</p> <p>City State Zip Code Evansville IN 47708-1322</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation HLS Pharmacies, Inc. President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">900.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 21 / 2008</p> <p><b>Transaction ID:</b> 20080321_002678</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) David Strauch</p> <p>Mailing Address 121 W 4th St.</p> <p>City State Zip Code Appleton City MO 64724-1401</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Kreiser Country Pharmacy Inc Owner/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 21 / 2008</p> <p><b>Transaction ID:</b> 20080321_021348</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 141  
(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 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 Buy Rite Drugs Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_001672

Amount of Each Receipt this Period  
100.00

**B.**

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 Lakeland Pharmacy Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_019077

Amount of Each Receipt this Period  
150.00

**C.**

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 Stultz Pharmacy Inc Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_003813

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 111 / 141  
(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)  
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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_007101

Amount of Each Receipt this Period  
100.00

**B.** 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_012369

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Robert J. Sumner

Mailing Address 8015 W Alameda Ave Ste 100

City State Zip Code  
Lakewood CO 80226-3075

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_013054

Amount of Each Receipt this Period  
100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 141  
(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 L. Swanson

Mailing Address PO Box 70001

City State Zip Code  
Fairbanks AK 99707-0001

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

Name of Employer Professional Pharmacy Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2008

Transaction ID: 20080325\_001511

Amount of Each Receipt this Period  
1000.00

**B.**

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 Medicine Shoppe Occupation Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_022063

Amount of Each Receipt this Period  
100.00

**C.**

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_015063

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 113 / 141  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 7746 Bay St

City Sebastian State FL Zip Code 32958

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

Name of Employer Bay Street Pharmacy Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_000336  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Rudolf J. Trivigno, Sr.

Mailing Address 416 Washington St

City Hoboken State NJ Zip Code 07030-4982

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

Name of Employer Baron Drug Co ll And Surgical Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_011011  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Margie A. Trythall

Mailing Address 744 SE St.

City Broken Bow State NE Zip Code 68822

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

Name of Employer Varney Health Mart Occupation Owner/Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_021718  
 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 114 / 141  
(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)  
Christopher Phillip Tuetken

Mailing Address 419 E 1st St

City Monticello State IA Zip Code 52310-1506

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

Name of Employer Long Drug Pharmacy- a Philip Pharmacy  
Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_020729  
Amount of Each Receipt this Period 100.00

**B.**

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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_004303  
Amount of Each Receipt this Period 100.00

**C.**

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 ▼ 300.00

Date of Receipt 03 / 21 / 2008  
**Transaction ID:** 20080321\_001349  
Amount of Each Receipt this Period 100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 141  
(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)  
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 ▼ 300.00

Date of Receipt: 03 / 21 / 2008  
**Transaction ID:** 20080321\_002063  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Kari Vanderhouwen

Mailing Address PO Box 459

City Duvall State WA Zip Code 98019-0459

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

Name of Employer Duvall Family Drugs Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 21 / 2008  
**Transaction ID:** 20080321\_016924  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Qui VanLy

Mailing Address 4917 E Kings Canyon Rd # 102

City Fresno State CA Zip Code 93727-3812

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

Name of Employer Fresno Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 21 / 2008  
**Transaction ID:** 20080321\_005651  
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 116 / 141  
(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 VanValkenburg  
 Mailing Address P O Box 60  
 City State Zip Code  
 Sidney NY 13838-0060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fairbanks Pharmacy 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 Y  
 03 / 14 / 2008  
**Transaction ID:** 20080314\_012929  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
R. Edward Walker  
 Mailing Address PO Drawer 700  
 City State Zip Code  
 Miami OK 74355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Grove Drive-In Pharmacy Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2008  
**Transaction ID:** 20080327\_009277  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Scott W. Wallis  
 Mailing Address 2140 N Main St  
 City State Zip Code  
 Las Cruces NM 88001-1129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Las Cruces Rexall Drug Owner/Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2008  
**Transaction ID:** 20080326\_013156  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 141  
(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)  
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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_020776

Amount of Each Receipt this Period

100.00

**B.**

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_015953

Amount of Each Receipt this Period

100.00

**C.**

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

Mailing Address PO Box 32007

City State Zip Code  
Juneau AK 99803-2007

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080321\_019348

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 118 / 141  
(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)  
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 ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID:** 20080325\_008401

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address PO Box 109

City State Zip Code  
Frenchburg KY 40322-0109

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

Name of Employer Occupation  
Menifee County Pharmacy Pllc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID:** 20080325\_016165

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 289 BRdway

City State Zip Code  
Newport RI 02840-2613

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

Name of Employer Occupation  
Newport Precrption Center Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_002408

Amount of Each Receipt this Period  
100.00

**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 119 / 141  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Whiston		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 25 S Main St		<b>Transaction ID:</b> 20080321_015595		
	City Mount Gilead	State OH	Zip Code 43338-1445	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Whiston 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			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dirk White		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 106 Lincoln St		<b>Transaction ID:</b> 20080321_013901		
	City Sitka	State AK	Zip Code 99835-7540	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Whites Pharmacy	Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia White		Date of Receipt MM / DD / YYYY 03 / 21 / 2008		
	Mailing Address 106 Lincoln St		<b>Transaction ID:</b> 20080321_021634		
	City Sitka	State AK	Zip Code 99835-7540	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Whites Pharmacy	Occupation Owner/Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

**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 120 / 141  
(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)  
Thomas H. Whitworth

Mailing Address 3469 WPoint Rd

City Lagrange State GA Zip Code 30240-8650

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

Name of Employer Corley Drugs Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2008

**Transaction ID:** 20080314\_014756

Amount of Each Receipt this Period  
 1000.00

**B.**

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

Mailing Address 900 Cathedral St

City Baltimore State MD Zip Code 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2008

**Transaction ID:** 20080321\_003393

Amount of Each Receipt this Period  
 100.00

**C.**

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

Mailing Address 4770 W Herndon Ave # 101

City Fresno State CA Zip Code 93722-8401

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

Name of Employer Northwest Medical Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2008

**Transaction ID:** 20080314\_016169

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6100.00**

**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 121 / 141  
(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)  
Douglas L. Wilkinson

Mailing Address PO Box 909

City Swainsboro State GA Zip Code 30401-0909

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

Name of Employer Plaza Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2008

**Transaction ID:** 20080325\_004396

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 247 W Main St

City Hendersonville State TN Zip Code 37075-7320

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

Name of Employer Hendersonville Health Mart Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008

**Transaction ID:** 20080321\_005388

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Justin B. Wilson

Mailing Address 1212-A S Douglas Blvd

City Midwest City State OK Zip Code 73130-5213

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

Name of Employer Valu-Med Pharmacy Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2008

**Transaction ID:** 20080321\_000582

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 122 / 141  
(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)  
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 Pharmacy Providers of Oklahoma, Inc.  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_010325

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas W. Wilson

Mailing Address 7128 E Reno Ave Ste A

City State Zip Code  
Midwest City OK 73110-4738

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

Name of Employer Wilson Pharmacy  
Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_008436

Amount of Each Receipt this Period  
1000.00

**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 Madison Drugs  
Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_011722

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 141  
(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 T. Winton

Mailing Address 4233 E Tulare St

City State Zip Code  
Fresno CA 93702-3036

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

Name of Employer Occupation  
Vista 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 Y  
03 / 14 / 2008

**Transaction ID:** 20080314\_007904

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Allan Wong

Mailing Address 4445 Kissena Blvd # A

City State Zip Code  
Flushing NY 11355-3055

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

Name of Employer Occupation  
Victoria Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** 20080321\_007057

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce D. Wood

Mailing Address 118 S Vine St

City State Zip Code  
Arthur IL 61911-1334

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

Name of Employer Occupation  
Dicks Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2008

**Transaction ID:** 20080325\_017594

Amount of Each Receipt this Period  
1000.00

**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 124 / 141  
(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 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_004987

Amount of Each Receipt this Period  
100.00

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

Mailing Address 718 W Main St

City State Zip Code  
Livingston TN 38570

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

Name of Employer Occupation  
Super Discount Drugs Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_017050

Amount of Each Receipt this Period  
100.00

**C.** 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_003495

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 125 / 141  
(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)  
Joseph E. Yeager

Mailing Address 2929 Stuarts Draft Hwy PO Box 791

City State Zip Code  
Stuarts Draft VA 24477-0791

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

Name of Employer Occupation  
Stuarts Draft Family Pharmacy Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** 20080314\_006702

Amount of Each Receipt this Period  
1200.00

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

Mailing Address 120 WMain St.

City State Zip Code  
Mason OH 45040-1708

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

Name of Employer Occupation  
Yost Pharmacy Inc Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** 20080326\_007498

Amount of Each Receipt this Period  
500.00

**C.** 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080321\_000699

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 141  
(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. Young

Mailing Address 1095 Tamiami Trl N Ste B

City	State	Zip Code
Nokomis	FL	34275

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	8

Transaction ID: 20080321\_018212

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	95416.66

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 141  
(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 ▼  
2917.72

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: 25135

Amount of Each Receipt this Period  
796.28

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	796.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	796.28

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

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

FOR LINE NUMBER: (check only one)

PAGE 128 / 141

<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	Transaction ID: V25138 Date of Disbursement																			
	Mailing Address American Expressway	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	8												
	City Ft. Lauderdale State FL Zip Code 33337	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"><tr><td>251.05</td></tr></table>	251.05																		
251.05																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) EFS National Bank	Transaction ID: V25139 Date of Disbursement																			
	Mailing Address PO Box 30668	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	8												
	City Memphis State TN Zip Code 38130	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"><tr><td>1241.82</td></tr></table>	1241.82																		
1241.82																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1492.87
---------

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

1492.87
---------



# 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><b>A.</b> Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee</p> <p>Mailing Address PO Box 1242</p> <p>City Tucson State AZ Zip Code 85702</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Raul M. Grijalva</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 07</p>	<p><b>Transaction ID:</b> 25179 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	8		1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	0	/	2	0	0	8														
	1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Arcuri for Congress</p> <p>Mailing Address PO Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Michael Angelo Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24</p>	<p><b>Transaction ID:</b> 25181 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	8		1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	0	/	2	0	0	8														
	1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ben Chandler for Congress</p> <p>Mailing Address PO Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Albert Benjamin Chandler, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 06</p>	<p><b>Transaction ID:</b> 25183 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	8		1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	0	/	2	0	0	8														
	1000.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 141

<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) Blue Dog Political Action Committee	Transaction ID: 25168 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Blue Dog Political Action Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Boren for Congress	Transaction ID: 25173 Date of Disbursement
	Mailing Address PO Box 1924	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Daniel Boren	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OK District: 02	

C.	Full Name (Last, First, Middle Initial) Boyd for Congress	Transaction ID: 25151 Date of Disbursement
	Mailing Address PO Box 15703	<input type="text" value="03"/> / <input type="text" value="06"/> / <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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Carney for Congress <hr/> Mailing Address PO Box A <hr/> City Clarks Summit State PA Zip Code 18411 <hr/> Purpose of Disbursement Contribution Candidate Name Christopher P. Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25165 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Coble for Congress <hr/> Mailing Address PO Box 1177 <hr/> City Greensboro State NC Zip Code 27402 <hr/> Purpose of Disbursement Contribution Candidate Name Howard Coble Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25141 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee <hr/> Mailing Address PO Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement Contribution Candidate Name Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25170 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Crowley for Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 07</p>	<p><b>Transaction ID:</b> 25166 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Davis Victory Fund</p> <p>Mailing Address PO Box 781</p> <p>City Johnson City State TN Zip Code 37605</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name David Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 01</p>	<p><b>Transaction ID:</b> 25146 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 20</p>	<p><b>Transaction ID:</b> 25175 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	8													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 141

<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><b>A.</b> Full Name (Last, First, Middle Initial) Dnc Services Corporation/Democratic National Committee</p> <p>Mailing Address 430 S. Capitol Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Dnc Services Corporation/Democratic National Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> 25154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dutch Ruppertsberger for Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name C.A. Dutch Ruppertsberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 02</p>	<p><b>Transaction ID:</b> 25164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dutch Ruppertsberger for Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name C.A. Dutch Ruppertsberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 02</p>	<p><b>Transaction ID:</b> 25191 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

17000.00

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ellsworth for Indiana</p> <p>Mailing Address PO Box 62</p> <p>City Evansville State IN Zip Code 47701</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Brad Ellsworth</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 25182 <b>Date of Disbursement</b> 03 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden</p> <p>Mailing Address 18 North Second Street, Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 25174 <b>Date of Disbursement</b> 03 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Jim Marshall</p> <p>Mailing Address 586 Orange Street</p> <p>City Macon State GA Zip Code 31201</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name James C. Marshall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 25176 <b>Date of Disbursement</b> 03 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 135 / 141

<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 John Barrow	Transaction ID: 25177 Date of Disbursement
	Mailing Address PO Box 8166	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Jenkins Barrow	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Mark Warner	Transaction ID: 25142 Date of Disbursement
	Mailing Address 201 North Union Street Suite 300	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Mark R. Warner	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Weiner	Transaction ID: 25152 Date of Disbursement
	Mailing Address 1 Ascan Avenue #31	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Forest Hills State NY Zip Code 11375	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Anthony D. Weiner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 141

<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><b>A.</b> Full Name (Last, First, Middle Initial) Higgins for Congress</p> <p>Mailing Address PO Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Brian M. Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 27</p>	<p><b>Transaction ID:</b> 25187 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Impact</p> <p>Mailing Address 509 Madison Ave. Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Impact</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution</p>	<p><b>Transaction ID:</b> 25156 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kuhl for Congress</p> <p>Mailing Address 10 Ganesvoort Street Suite 101</p> <p>City Bath State NY Zip Code 14810</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name John Randy Kuhl, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 29</p>	<p><b>Transaction ID:</b> 25162 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	8													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>



**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><b>A.</b> Full Name (Last, First, Middle Initial) Marion Berry for Congress</p> <p>Mailing Address PO Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District: 01</p>	<p><b>Transaction ID:</b> 25160 <b>Date of Disbursement</b> 03 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michaud for Congress</p> <p>Mailing Address 213 Lisbon St</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District: 02</p>	<p><b>Transaction ID:</b> 25171 <b>Date of Disbursement</b> 03 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District: 04</p>	<p><b>Transaction ID:</b> 25147 <b>Date of Disbursement</b> 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 141

<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><b>A.</b> Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address PO Box 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 03</p>	<p><b>Transaction ID:</b> 25180 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06</p>	<p><b>Transaction ID:</b> 25161 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address 310 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Republican National Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution</p>	<p><b>Transaction ID:</b> 25149 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">15000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	8	15000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	8													
15000.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

17000.00

**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) Right Track Pac	Transaction ID: 25189 Date of Disbursement 03 / 20 / 2008
	Mailing Address PO Box 17325	Amount of Each Disbursement this Period 2500.00
	City Jonesboro State AR Zip Code 72403	
	Purpose of Disbursement Contribution Candidate Name Right Track Pac	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. for Congress	Transaction ID: 25178 Date of Disbursement 03 / 20 / 2008
	Mailing Address PO Box 909	Amount of Each Disbursement this Period 1000.00
	City Columbus State GA Zip Code 31902	
	Purpose of Disbursement Contribution Candidate Name Sanford D. Bishop, Jr.	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress	Transaction ID: 25185 Date of Disbursement 03 / 20 / 2008
	Mailing Address PO Box 11519	Amount of Each Disbursement this Period 1000.00
	City Charleston State WV Zip Code 25339	
	Purpose of Disbursement Contribution Candidate Name Shelley Moore Capito	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for South Dakota <hr/> Mailing Address PO Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> 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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01	<b>Transaction ID:</b> 25172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota Inc <hr/> Mailing Address PO Box 1536 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Contribution Candidate Name Tim Johnson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	<b>Transaction ID:</b> 25148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Udall for Colorado <hr/> Mailing Address PO Box 40158 <hr/> City Denver State CO Zip Code 80204 <hr/> Purpose of Disbursement Contribution 2008 Primary Candidate Name Mark E. Udall Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	<b>Transaction ID:</b> A513CD6A1B5F62B4334 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Upton for All of Us	Transaction ID: 25188 Date of Disbursement
	Mailing Address PO Box 490	<input type="text" value="03"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City St. Joseph State MI Zip Code 49085	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Fredrick Stephen Upton	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Walter Jones Committee	Transaction ID: 25159 Date of Disbursement
	Mailing Address PO Box 3962	<input type="text" value="03"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Greenville State NC Zip Code 27836	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Walter B. Jones	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Welch for Congress	Transaction ID: 25153 Date of Disbursement
	Mailing Address PO Box 1682	<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Burlington State VT Zip Code 05402	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Peter F. Welch	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="71000.00"/>