

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

National Community Pharmacists Association - PAC

ADDRESS (number and street) ▼

100 Daingerfield Road

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314-2885

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00030809

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Type or Print Name of Treasurer John Coster

Signature of Treasurer

John Coster

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
12 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		<span style="border: 1px solid black; padding: 2px;">355599.35</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">408624.06</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">41527.93</span>	<span style="border: 1px solid black; padding: 2px;">511362.72</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">450151.99</span>	<span style="border: 1px solid black; padding: 2px;">866962.07</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">60098.80</span>	<span style="border: 1px solid black; padding: 2px;">476908.88</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">390053.19</span>	<span style="border: 1px solid black; padding: 2px;">390053.19</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
12	/	01	/	2011

To:

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**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).....

39543.93

419182.08

(ii) Unitemized .....

1984.00

90680.64

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

41527.93

509862.72

(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) .....

41527.93

509862.72

## 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

1500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

41527.93

511362.72

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

41527.93

511362.72

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1498.80	19358.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1498.80	19358.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	456000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	1550.00
(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)).....	100.00	1550.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60098.80	476908.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60098.80	476908.88

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41527.93	509862.72
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	1550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41427.93	508312.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1498.80	19358.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1498.80	19358.88

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Greg Adams**

Mailing Address 815 Frisco Ave

City  
Clinton

State  
OK

Zip Code  
73601-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Salisbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-297**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Julian R. Adams Jr.**

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-149**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Agovino**

Mailing Address 3887 Sedgwick Ave

City

Bronx

State

NY

Zip Code

10463-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sedgwick Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-144**

Amount of Each Receipt this Period

75.00

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

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

325.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen C. Albert**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 National Community Pharmacists Associa

Occupation  
 VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 15 2011

**Transaction ID : 20120106153558-44**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Stephen C. Albert**

Mailing Address 100 Daingerfield Rd

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 National Community Pharmacists Associa

Occupation  
 VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2011

**Transaction ID : 20120106153558-43**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. 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

Baya Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-150**

Amount of Each Receipt this Period

100.00

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

184.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

## **A. Maureen Althouse**

Mailing Address PO Box 1285

City

Albrightsville

State

PA

Zip Code

18210-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carrigans Country 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  
12 / 21 / 2011

**Transaction ID : 20120106153558-11**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Anthony J. Altieri**

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

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-12**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Stephen J. Amato**

Mailing Address 938 Patricia Ave

City

Dunedin

State

FL

Zip Code

34698-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-151**

Amount of Each Receipt this Period

100.00

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

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

150.00



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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Robert M. Amity Sr.**

Mailing Address 1111 Scalp Ave

City

Johnstown

State

PA

Zip Code

15904-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Hills Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-13**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Rob Anderson**

Mailing Address 601 Water St S

City

Northfield

State

MN

Zip Code

55057-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northfield Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-37**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Calvin J. Anthony**

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-152**

Amount of Each Receipt this Period

100.00

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

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

155.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-153**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

1100.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-154**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

550.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-45**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Gary Avnet**

Mailing Address 17331 Labrador St

City State Zip Code  
 Northridge CA 91325

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-155**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Larry Bailey**

Mailing Address 711 Main St

City State Zip Code  
 Johnson City NY 13790-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-46**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-145**

Amount of Each Receipt this Period

75.00

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

225.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Steve K. Balas**

Mailing Address 702 S McCarty Ave

City

Eagle Lake

State

TX

Zip Code

77434-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eagle Lake Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-298**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Ralph W. Balchin**

Mailing Address 575 Glynn St N

City

Fayetteville

State

GA

Zip Code

30214-1198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jones Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-156**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Delane M. Bassett**

Mailing Address 419 E Davis St

City

Luling

State

TX

Zip Code

78648-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Luling Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-157**

Amount of Each Receipt this Period

100.00

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

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

350.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. James M. Beatty**

Mailing Address 745 Ross Ln

City

Bound Brook

State

NJ

Zip Code

08805-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buy-Sell A Pharmacy.Com

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-38**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Richard E. Beck**

Mailing Address 1001 Congress Ave  
Ste 250

City

Austin

State

TX

Zip Code

78737

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-158**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michele M. Belcher**

Mailing Address 414 SW 6th St

City

Grants Pass

State

OR

Zip Code

97526-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grants Pass Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-159**

Amount of Each Receipt this Period

100.00

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

230.00

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

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Michael R. Bellesine**

Mailing Address 205 N Vine St

City

El Dorado

State

KS

Zip Code

67042-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

El Dorado Truecare Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-160**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Byron Berry Jr.**

Mailing Address 508 N Main St

City

Carrollton

State

IL

Zip Code

62016-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pharmacy Plus, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-161**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Niles M. Bhakta**

Mailing Address 23811 Hawthorne Blvd

City

Torrance

State

CA

Zip Code

90505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Remedy Pharm

Occupation

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  
12 / 21 / 2011

**Transaction ID : 20120106153558-47**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 131

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Lance Bien**

Mailing Address 222 S Main St

City State Zip Code  
 Milbank SD 57252-1809

FEC ID number of contributing federal political committee.

C

Name of Employer

Bien Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-48

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Paul Bivens**Mailing Address PO Box 927  
619 W 2nd

City State Zip Code  
 Clarendon TX 79226-0927

FEC ID number of contributing federal political committee.

C

Name of Employer

Clarendon Outpost Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-49

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jay Blackburn**

Mailing Address 160 Business Park Cir

City State Zip Code  
 Stoughton WI 53589

FEC ID number of contributing federal political committee.

C

Name of Employer

CPA

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-162

Amount of Each Receipt this Period

100.00

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

200.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2011			

**Transaction ID : 20120106153558-299**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Betty Jean Bocchino-O'Shea**

Mailing Address 294 Lee Hwy

City

Verona

State

VA

Zip Code

24482-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Verona Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2011			

**Transaction ID : 20120106153558-50**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. John A. Boff**

Mailing Address 760 Merrimon Ave

City

Asheville

State

NC

Zip Code

28804-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2011			

**Transaction ID : 20120106153558-51**

Amount of Each Receipt this Period

50.00

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

250.00

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



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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011

Transaction ID : 20120106153558-163

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Thomas Bowser**

Mailing Address 241 W Long Ave

City

Du Bois

State

PA

Zip Code

15801-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shankels Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011

Transaction ID : 20120106153558-164

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Edward L. Boyd Jr.**Mailing Address 1035 N Emporia St  
Ste 170

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

Transaction ID : 20120106153558-354

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)  
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Stephen Brandt**

Mailing Address 405 Rochelle Ave

City State Zip Code  
Rochelle Park NJ 07662-3341

FEC ID number of contributing federal political committee.

C

Name of Employer

Garden State Pharmacy Owners, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-165

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Richard P. Brisson**

Mailing Address 132 Alden Rd

City State Zip Code  
Fairhaven MA 2719

FEC ID number of contributing federal political committee.

C

Name of Employer

PharmaHealth Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-167

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Bruce L. Broadrick Sr.**

Mailing Address PO Box 947

City State Zip Code  
Dalton GA 30722-0947

FEC ID number of contributing federal political committee.

C

Name of Employer

Frank's Pharmacy, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-168

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. George W. Brookins

Mailing Address PO Box 368

City

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brookins, Inc D/B/A the Drug Stores

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-324

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Sally M. Brooks-Higginbotham

Mailing Address PO Box 414

City

Lakeville

State

NY

Zip Code

14480-0414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Livonia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-169

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-170

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Anthony T. Budde Sr.**

Mailing Address 76 Memorial Ct

City

Highland

State

IL

Zip Code

62249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-171**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Michael D. Butler**

Mailing Address 4440 N Highway 7

City

Hot Springs Villag

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Village Health Mart Drug

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-325**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Michael Butts**

Mailing Address PO Box 1030

City

Clarendon

State

TX

Zip Code

79226-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mikes Gibsons Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 22 / 2011

**Transaction ID : 20120106153558-345**

Amount of Each Receipt this Period

365.00

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

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

665.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Donnie R. Calhoun**

Mailing Address 3320 Henry Rd

City

Anniston

State

AL

Zip Code

36207-6344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-172**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jerry Callahan**

Mailing Address 106 Broadway St  
Ste A

City

Elsberry

State

MO

Zip Code

63343-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elsberry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-52**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Donald Cantalino**

Mailing Address 546 Uniondale Ave

City

Uniondale

State

NY

Zip Code

11553-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uniondale Chemists

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-173**

Amount of Each Receipt this Period

100.00

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

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

250.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Jeff Carson**

Mailing Address 7220 Louis Pasteur Dr  
Ste 176

City State Zip Code  
San Antonio TX 78229-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-174**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. 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

Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-340**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. 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

Mead Square Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-53**

Amount of Each Receipt this Period

50.00

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 23 OF 131

(check only one)

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Brian Caswell**

Mailing Address 2303 Military Ave

City State Zip Code  
 Baxter Springs KS 66713-2324

FEC ID number of contributing federal political committee.

C

Name of Employer

Wolkar Drug Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-300

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Noltan W. Causey Jr.**

Mailing Address 407 Bienville St

City State Zip Code  
 Natchitoches LA 71457-5702

FEC ID number of contributing federal political committee.

C

Name of Employer

Causey's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-175

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Joyce Caviness**

Mailing Address PO Box 879

City State Zip Code  
 East Carbon UT 84520

FEC ID number of contributing federal political committee.

C

Name of Employer

Carbon Med Serv Pharmacy

Occupation

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 Y  
 12 21 2011

Transaction ID : 20120106153558-16

Amount of Each Receipt this Period

25.00

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

275.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Hugh M. Chancy**

Mailing Address 205 E Main St

City

Hahira

State

GA

Zip Code

31632-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chancy Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-176**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Keith E. Chapman**

Mailing Address 23 Lee St

City

Jefferson

State

GA

Zip Code

30549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-55**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Rick Chester**

Mailing Address 205 N Pacific Hwy

City

Talent

State

OR

Zip Code

97540-9637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicap Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-177**

Amount of Each Receipt this Period

100.00

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

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

250.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 131  
(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**

Full Name (Last, First, Middle Initial)

**A. Barry Christensen**

Mailing Address 3526 Tongass Ave

City  
KetchikanState  
AKZip Code  
99901-5635FEC ID number of contributing  
federal political committee.

C

Name of Employer

Island Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-178**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. David J. Cippel**

Mailing Address PO Box 151

City

Ford City

State

PA

Zip Code

16226-0151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Klingensmith's Drug Store

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-56**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. James E. Coast**

Mailing Address PO Box 911

City

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clark Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-351**

Amount of Each Receipt this Period

416.66

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

566.66

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

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

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

FOR LINE NUMBER: PAGE 26 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Michael E. Coast**

Mailing Address PO Box 782

City State Zip Code  
Cimarron KS 67835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coast Health Services

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-179**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Alan B. Cohen**

Mailing Address 524 BRdway

City State Zip Code  
Monticello NY 12701-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Family Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-57**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Royce G. Cook Jr.**

Mailing Address 1050 Junction Hwy

City State Zip Code  
Kerrville TX 78028-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kerrville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-180**

Amount of Each Receipt this Period

100.00

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

250.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas Cory**

Mailing Address 389 Stafford Rd

City

Fall River

State

MA

Zip Code

02721-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-181**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John Coster**

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-296**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Charles D. Cottrell**

Mailing Address 1121 Belleville Ave

Ste A

City

Brewton

State

AL

Zip Code

36426-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-352**

Amount of Each Receipt this Period

416.66

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

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

641.66

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. John Crumly**

Mailing Address 45 NE 52nd St

City State Zip Code  
 Oklahoma City OK 73105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pharmacy Providers of Oklahoma

Occupation

Executive Vice President, Clinical Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-58**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Rodney Culotta**

Mailing Address 1021 W Judge Perez Dr

City State Zip Code  
 Chalmette LA 70043-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mumfrey's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 22 2011

**Transaction ID : 20120106153558-355**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David Darby**

Mailing Address 301 E Three Notch St

City State Zip Code  
 Andalusia AL 36420-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Darby's Village Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-301**

Amount of Each Receipt this Period

150.00

**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  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Joe T. Daugherty**

Mailing Address PO Box 93

1365 Spur Dr -

City

Marshfield

State

MO

Zip Code

65706-0093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stanleys Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-59**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Rodolfo Davila Jr.**

Mailing Address 1423 Guadalupe St

Ste 108

City

San Antonio

State

TX

Zip Code

78207-5568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Davila Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-183**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Rodolfo Davila III**

Mailing Address 1423 Guadalupe St

Ste 108

City

San Antonio

State

TX

Zip Code

78207-5568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Davila Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-293**

Amount of Each Receipt this Period

120.00

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

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

270.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. James T. Davis Jr.**

Mailing Address 111 S Main St

City  
Columbiana

State Zip Code  
AL 35051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davis Drug Company

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-184**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Timothy J. Davis**

Mailing Address 457 3rd St

City  
Beaver

State Zip Code  
PA 15009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaver Health Mart Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-185**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Angelo DeFazio**

Mailing Address 500 Farmington Ave

City  
Hartford

State Zip Code  
CT 06105-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arrow Prescription Center

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-60**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 31 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Robert M. Defee**

Mailing Address PO Box 900

City State Zip Code  
 Mc Bee SC 29101-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sandhills Pharmacy Inc

Occupation  
 Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-186**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Johnette DeLeon**

Mailing Address PO Box 1139

City State Zip Code  
 Taylor TX 76574-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Pfennigs Prescription Pharmacy

Occupation  
 Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-61**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-302**

Amount of Each Receipt this Period

150.00

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

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

300.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. John F. DiMaggio**

Mailing Address 5208 Veterans Memorial Blvd

City State Zip Code  
 Metairie LA 70006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Patio 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 Y Y  
 12 21 2011

**Transaction ID : 20120106153558-62**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Michael Donohue**

Mailing Address 1407 NW 85th St

City State Zip Code  
 Seattle WA 98117-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Bob Johnsons Pharmacy Inc

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 Y Y  
 12 21 2011

**Transaction ID : 20120106153558-18**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. Larry Doud**

Mailing Address PO Box 24389

City State Zip Code  
 Rochester NY 14624-0389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Rochester Drug Cooperative, Inc.

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-142**

Amount of Each Receipt this Period

60.00

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

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

135.00



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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Laurence F. Doud IV**

Mailing Address PO Box 24389

City  
Rochester

State  
NY

Zip Code  
14624-0389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rochester Drug Cooperative, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-63**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mark Doyle**

Mailing Address PO Box 192

City

Centre Hall

State

PA

Zip Code

16828-0192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McLanahan Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-41**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. James E. Dunaway**

Mailing Address 110 3rd St

City

Henderson

State

KY

Zip Code

42420-2993

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dunaways Imperial Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-189**

Amount of Each Receipt this Period

100.00

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

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

190.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen R. Ehardt**

Mailing Address PO Box 309

7275 Huron Ave /

City

Lexington

State

MI

Zip Code

48450-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ehardt Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-64**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Julie L. Ehemann**

Mailing Address 5495 Salem Ave

City

Dayton

State

OH

Zip Code

45426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cub Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-65**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Roy E. Elsner**

Mailing Address 446 Trescartes

Unit 9

City

Spring Creek

State

NV

Zip Code

89815-9730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Pill Box

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-191**

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Tom Engel**

Mailing Address 1536 N 115th St  
Ste 100

City State Zip Code  
Seattle WA 98133-8411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Prescription And Medical Sup

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-192

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Randy . Epley**

Mailing Address 208 Avery Ave

City State Zip Code  
Morganton NC 28655-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jones Health Mart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-66

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lisa Faast**

Mailing Address 3400 Calloway Dr  
Ste 701

City State Zip Code  
Bakersfield CA 93312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Faast Pharmacy

Occupation

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 Y  
12 21 2011

Transaction ID : 20120106153558-67

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Fapore**

Mailing Address 131 S Pleasant Ave

City  
Somerset

State  
PA

Zip Code  
15501-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-68**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Garland Bruce Faulkenberg**

Mailing Address 400 Main St

City  
Rockport

State  
IN

Zip Code  
47635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockport Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-69**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Gregory Ferraro**

Mailing Address 359 E Main St

City  
Mount Kisco

State  
NY

Zip Code  
10549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert Jacobson Surgical Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : 20120106153558-356**

Amount of Each Receipt this Period

500.00

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Marc E. Finke**

Mailing Address 203 E Main St

City

Drexel

State

MO

Zip Code

64742-0407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drexel Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-70**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Taylor Fix**

Mailing Address 3183 Denton Hwy  
Ste A

City

Haltom City

State

TX

Zip Code

76117-3293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jen Care 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 Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-19**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Joyce E. Fogleman**

Mailing Address 309 W Saint Louis St

City

West Frankfort

State

IL

Zip Code

62896-2099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J And S Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2011

**Transaction ID : 20120106153558-357**

Amount of Each Receipt this Period

500.00

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

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

575.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

## **A. Terry Forshee**

Mailing Address 2850 Westside Dr NW  
Ste A

City Cleveland State TN Zip Code 37312-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cherokee Pharmacy & Med Supply

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-195**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Robert B. Frankil**

Mailing Address PO Box 197

City Skippack State PA Zip Code 19474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skippack Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-196**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Ira N. Freeman**

Mailing Address 12660 Riverside Dr  
Ste 100

City Valley Village State CA Zip Code 91607-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Key Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-197**

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas E. Fuller**

Mailing Address PO Box 1109

223 N Main St

City

Marion

State

SC

Zip Code

29571-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-71**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. David Fulton Jr.**

Mailing Address 236 N Market St

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitesells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-198**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Douglas L. Funk**

Mailing Address 1020 Elmhurst Blvd

City

Concordia

State

KS

Zip Code

66901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Funk Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-199**

Amount of Each Receipt this Period

100.00

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

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

250.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. William R. Futrell Jr.**

Mailing Address PO Box 768

City

Jackson

State

NC

Zip Code

27845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Futrell Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-72**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Rick Gallaher**

Mailing Address 804 Ridgeway Ave

City

Signal Mountain

State

TN

Zip Code

37377-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Signal Mountain Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-73**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Cheryl L. Garvin**

Mailing Address 36 Catocin Cir SE

Ste C

City

Leesburg

State

VA

Zip Code

20175-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leesburg Pharmacy, Inc.

Occupation

President/CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-201**

Amount of Each Receipt this Period

100.00

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

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

200.00



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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Lorri Gebo-Shaver**

Mailing Address 235 S 4th Ave

City

Pocatello

State

ID

Zip Code

83201-6438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shaver Pharmacy &amp; Compounding Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-202

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Russell A. Gellis**

Mailing Address 2201 BRdway At 78th St

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Apthorp Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-74

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kerry W. Gerdes**

Mailing Address 245 Main St

City

Conneaut

State

OH

Zip Code

44030-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gerdes Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-75

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Michael Gilfillan**

Mailing Address 105 Main St

City

Bar Harbor

State

ME

Zip Code

04609-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West End Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-20

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. R. George Gillman**

Mailing Address 480 Main St

City

Brookville

State

IN

Zip Code

47012-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

George's Family Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-203

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ricky G. Gonzalez**

Mailing Address 1342 Fair Ave

City

San Antonio

State

TX

Zip Code

78223-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-303

Amount of Each Receipt this Period

150.00

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

275.00

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Eric L. Graf**

Mailing Address 8614 Hartman Rd

City

Wadsworth

State

OH

Zip Code

44281-9404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ritzman Pharmacies, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-204**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. David B. Graves**

Mailing Address 770 Pine St  
Ste 100

City

Macon

State

GA

Zip Code

31201-7565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Graves Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-205**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Tammy B. Gray**

Mailing Address 203 RailRd St # 2B

City

Buda

State

TX

Zip Code

78610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buda Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-77**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Greenwood**

Mailing Address 224 Byron Ave

City

Waterloo

State

IA

Zip Code

50702-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-341**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John C. Griffin**

Mailing Address 13907 High Rd

City

Mabelvale

State

AR

Zip Code

72103-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shannon Hills Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-78**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Don Grove Jr.**

Mailing Address PO Box 1599

City

Warsaw

State

MO

Zip Code

65355-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J And D Truecare Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-80**

Amount of Each Receipt this Period

50.00

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Ricky T. Guidry**

Mailing Address PO Box 760

City State Zip Code  
Iowa LA 70647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guidry's Pharmacy/LIPA

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-206**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Gabriel R. Guijarro**

Mailing Address 903 W Frank Ave

City State Zip Code  
Lufkin TX 75904-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-207**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Amber Haag**

Mailing Address 2715 Candlewood Dr

City State Zip Code  
Emporia KS 66801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Medicine Shoppe #1236

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-81**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Luann Haas**

Mailing Address 1350 Mulholland St

City State Zip Code  
 Nauvoo IL 62354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nauvoo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-82**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Paul F. Hackett**

Mailing Address 101 Pleasant St

City State Zip Code  
 S Weymouth MA 02190-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oldens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-83**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Travis Scott Hall**

Mailing Address 700 W Pine St

City State Zip Code  
 Mount Airy NC 27030-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mt Airy Drug Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-84**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Larry Halper**

Mailing Address 201 City Ave

City

Merion Station

State

PA

Zip Code

19066-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dakes Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-143**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. 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

Harmison Pharmacies, L.C.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-304**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Brad N. Harth**

Mailing Address 1134 Washington St

City

Tell City

State

IN

Zip Code

47586-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Werner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-208**

Amount of Each Receipt this Period

100.00

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

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

310.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Ronna B. Hauser**

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-148**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Ken Hawkins**

Mailing Address 802 W Gore Blvd

City

Lawton

State

OK

Zip Code

73501-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kens Rx

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 22 / 2011

**Transaction ID : 20120106153558-358**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bentley F. Hawley**

Mailing Address PO Box 4474

City

Odessa

State

TX

Zip Code

79760-4474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-85**

Amount of Each Receipt this Period

50.00

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

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

630.00



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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. H. Edward Heckman**

Mailing Address 160 Business Park Cir

City  
Stoughton

State Zip Code  
WI 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 ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-348**

Amount of Each Receipt this Period

416.65

Full Name (Last, First, Middle Initial)

**B. Ron E. Hembery**

Mailing Address 13040 Highway 12

City  
Orofino

State Zip Code  
ID 83544-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Value

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-209**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Holly W. Henry**

Mailing Address 7317 35th Ave NE

City  
Seattle

State Zip Code  
WA 98115-5918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rxtra Care Pharmacy View Ridge

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-305**

Amount of Each Receipt this Period

150.00

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

666.65

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Michael J. Henry**

Mailing Address 4831 35th Ave SW

City  
Seattle

State  
WA

Zip Code  
98126-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rxtra Care Pharmacy At the Mount

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-306**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Henry H. Herring Jr.**

Mailing Address 912 S16th St

City

Wilmington

State

NC

Zip Code

28401-6647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-21**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Raymond Greg Hickman**

Mailing Address PO Box 965

City

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-210**

Amount of Each Receipt this Period

100.00

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

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

275.00

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Katherine R. 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

The Medicine Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-307

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. H. S. Hill**

Mailing Address PO Box 428

City State Zip Code  
 Gardendale AL 35071

FEC ID number of contributing federal political committee.

C

Name of Employer

J And J Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2011

Transaction ID : 20120106153558-346

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Thomas R. Hodel**

Mailing Address 299 N Binkley St

City State Zip Code  
 Soldotna AK 99669

FEC ID number of contributing federal political committee.

C

Name of Employer

Soldotna Professional 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  
 12 21 2011

Transaction ID : 20120106153558-211

Amount of Each Receipt this Period

100.00

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

615.00

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Keith Hodges**

Mailing Address PO Box 9

City State Zip Code  
 Gloucester VA 23061-0009

FEC ID number of contributing federal political committee.

C

Name of Employer

Gloucester Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-308

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Brian Douglas Hoey**

Mailing Address 1104 Emerald Dr

City State Zip Code  
 Alexandria VA 22308

FEC ID number of contributing federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Senior Vice President &amp; Chief Operatin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-349

Amount of Each Receipt this Period

416.65

Full Name (Last, First, Middle Initial)

**C. Joanne Hoffman Beechko**Mailing Address 1842 E Jericho Tpke  
Unit 1

City State Zip Code  
 Huntington NY 11743

FEC ID number of contributing federal political committee.

C

Name of Employer

Rx Express Pharmacy Of East Northport

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-87

Amount of Each Receipt this Period

50.00

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

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

616.65

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Karen L. Hogue**

Mailing Address 76-78 W Market St

City State Zip Code  
 Corning NY 14830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Market Street Apothecary LLC

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-212**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Edmund R. Horton**

Mailing Address 2445 Northwest Loop  
 Ste A

City State Zip Code  
 Stephenville TX 76401-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tanglewood Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-353**

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**C. Brian M. Hose**

Mailing Address 17316 Shepherdstown Pike

City State Zip Code  
 Sharpsburg MD 21782-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sharpsburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-213**

Amount of Each Receipt this Period

100.00

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

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

616.66

# **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)

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

800.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-214**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Walter M. Hughes Jr.**

Mailing Address 216 S Broad St

City

Clinton

State

SC

Zip Code

29325-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sadler-Hughes Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-215**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ralph B. Hunter**

Mailing Address PO Box 797

City

Richlands

State

NC

Zip Code

28574-0797

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Big Value Discount Drug Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-216**

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Peter K. Illig**

Mailing Address 445 Broad St

City  
Salamanca

State  
NY

Zip Code  
14779-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-217**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jim Ivie**

Mailing Address 149 Crown Hill Rd

City

Excelsior Springs

State

MO

Zip Code

64024-1657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Browns Prescription Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-22**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Howard Jacobson**

Mailing Address 30 Hempstead Ave  
Ste 156

City

Rockville Centre

State

NY

Zip Code

11570-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockville Centre Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-23**

Amount of Each Receipt this Period

25.00

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

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

150.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 56 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Kent Jenema**

Mailing Address 1414 W Fair Ave  
Ste 133

City Marquette State MI Zip Code 49855-5408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peninsula Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-40

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Dan W. Jespersen**

Mailing Address 302 N Main St

City Duncanville State TX Zip Code 75116-3651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ben Franklin Apothecary

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-218

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dennis P. Johnson**

Mailing Address 708 S Washington St

City Grand Forks State ND Zip Code 58201-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walls Medicine Center Inc

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-309

Amount of Each Receipt this Period

150.00

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

285.00

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



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

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

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(check only one)

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Mark Johnson**

Mailing Address 109 S Main St

City State Zip Code  
 Colfax WA 99111-1803

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Tick Klock Drugs Llc

Occupation  
 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 Y  
 12 21 2011

Transaction ID : 20120106153558-88

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Patty Johnston**

Mailing Address 211 Granville Ave

City State Zip Code  
 Beckley WV 25801-6004

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Colony Drug

Occupation  
 Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-310

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. 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  
 Madison Avenue Pharmacy

Occupation  
 Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-219

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

900.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-220**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dennis Katz**

Mailing Address 52 Main St

City

Hopkinton

State

MA

Zip Code

01748-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hopkinton Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-294**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Patricia Keller**

Mailing Address 625 W Main St

Ste A

City

Newbern

State

TN

Zip Code

38059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newbern Discount Drug LLC

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-89**

Amount of Each Receipt this Period

50.00

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

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

270.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. E. Harold Kemp**

Mailing Address 107 S Duval St

City

Claxton

State

GA

Zip Code

30417-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kemps Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-221**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mark E. Kinney**

Mailing Address 1101 W. 120th Ave, Ste 400

City

Broomfield

State

CO

Zip Code

80021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Independent Pharmacy Cooperative

Occupation

Vice President of Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-222**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Robert Kinsey**

Mailing Address 4290 Kinsey Dr

City

Tyler

State

TX

Zip Code

75703-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kinseys Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-90**

Amount of Each Receipt this Period

50.00

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

250.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 131  
(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**

Full Name (Last, First, Middle Initial)

**A. Sherwood Klein Jr.**Mailing Address 6133 Route 219 S  
Ste 1004

City	State	Zip Code
Ellicottville	NY	14731-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ellicottville Pharmacy IncOccupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-326**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Scottie J. Knott**

Mailing Address 988 Napoleon Ave

City	State	Zip Code
Sunset	LA	70584-6100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brinkhaus Thrifty Way PharmacyOccupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-91**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Sterling Koonce**

Mailing Address PO Box 580

City	State	Zip Code
Tabor City	NC	28463-0580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Koonce Medicine MartOccupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-223**

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Karry La Violette

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 21 / 2011

Transaction ID : 20120106153558-92

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John D. Lassiter

Mailing Address 3252 SE 29th St

City

Del City

State

OK

Zip Code

73115-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 21 / 2011

Transaction ID : 20120106153558-343

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Clarence Lea

Mailing Address 6708 Westbury Ct

City

Benbrook

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FDS, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 21 / 2011

Transaction ID : 20120106153558-93

Amount of Each Receipt this Period

50.00

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

400.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Lea**

Mailing Address 6708 Westbury Ct

City

Benbrook

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AmeriSourceBergen Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-94**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Sharlea Leatherwood**

Mailing Address PO Box 28444

7275 N Oak Trfy /

City

Kansas City

State

MO

Zip Code

64188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great Oak Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-311**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Joseph P. Lech**

Mailing Address 13 Rockledge Ln

City

Tunkhannock

State

PA

Zip Code

18657-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-327**

Amount of Each Receipt this Period

200.00

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

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

400.00

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Jung M. Lee**

Mailing Address 251 Medical Center Blvd  
Ste 100

City State Zip Code  
Webster TX 77598-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clear Lake Professional Bldg Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-225

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. James T. Lehan**

Mailing Address 1407 S 4th St

City State Zip Code  
Dekalb IL 60115-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lehan Drugs

Occupation

Business Director, CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-95

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jonathan M. Lehan**

Mailing Address 1407 S 4th St

City State Zip Code  
Dekalb IL 60115-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lehan Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-24

Amount of Each Receipt this Period

25.00

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

175.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Deanna D. Leikach

Mailing Address 2025 Suffolk Rd

City  
FinksburgState  
MDZip Code  
21048-1633FEC ID number of contributing  
federal political committee.

C

Name of Employer

Finksburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-226

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Neil Leikach

Mailing Address 6350 Frederick Rd

City  
BaltimoreState  
MDZip Code  
21228-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catonsville Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-227

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Elliot Lekawa

Mailing Address 2622 W Central Ave

City  
WichitaState  
KSZip Code  
67211FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preston Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2011

Transaction ID : 20120106153558-359

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  
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FOR LINE NUMBER: PAGE 65 OF 131

(check only one)

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Christine Lemen**

Mailing Address 278 Rowe St  
# 5

City State Zip Code  
Wheeler OR 97147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nehalem Bay Pharmacy

Occupation

Pharmacy Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 22 2011

Transaction ID : 20120106153558-360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William R. Letendre**

Mailing Address 9901 S Wilcrest Dr

City State Zip Code  
Houston TX 77099-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCCA

Occupation

VP Phcy Mgmt Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-96

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Ron Lind**

Mailing Address PO Box 99

City State Zip Code  
Freeland WA 98249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 21 2011

Transaction ID : 20120106153558-228

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Ken Lloyd**

Mailing Address PO Box 441

City

Berry

State

AL

Zip Code

35546-0441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Berry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-97**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Richard N. Logan Jr.**

Mailing Address 406 S Main St

City

Charleston

State

MO

Zip Code

63834-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

L And S Discount Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-229**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Rebecca Lott**

Mailing Address 1402 Newcastle St  
# 576

City

Brunswick

State

GA

Zip Code

31520-7018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-25**

Amount of Each Receipt this Period

25.00

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

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

175.00

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Bradley A. Lueneburg**

Mailing Address 237 Hassan St SE

City

Hutchinson

State

MN

Zip Code

55350-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-230**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Raymond Macioci**

Mailing Address 2941 Westchester Ave

City

Bronx

State

NY

Zip Code

10461-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pilgrim Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-98**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Don MacKellar**

Mailing Address 540 W 4th St

City

Perris

State

CA

Zip Code

92570-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Perris Hills Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : 20120106153558-361**

Amount of Each Receipt this Period

500.00

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

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

650.00

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

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Eddie M. Madden**

Mailing Address 101 College Ave

City

Elberton

State

GA

Zip Code

30635-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maddens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-231**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jerid Maddox**

Mailing Address 501 Teaco Rd

City

Kennett

State

MO

Zip Code

63857-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Teko Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-99**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Robert L. Maher Jr.**

Mailing Address 306 Learning Bayer Center 600 Forb

City

Pittsburgh

State

PA

Zip Code

15282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duquesne University

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-26**

Amount of Each Receipt this Period

25.00

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

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

175.00

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Robert L. Maher Sr.

Mailing Address PO Box 45

City  
PattonState  
PAZip Code  
16668-0045FEC ID number of contributing  
federal political committee.

C

Name of Employer

Patton Pharmacy And V And S Variety

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-232

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Nasir Mahmood

Mailing Address PO Box 339

City

Pine Plains

State

NY

Zip Code

12567-0339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pine Plains Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-233

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Matt Mallinson

Mailing Address 11200 1/2 E US Highway 24

City

Sugar Creek

State

MO

Zip Code

64054-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Matts Medicine Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-234

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

## **A. Dave Manning**

Mailing Address 101 F St SW

City State Zip Code  
 Quincy WA 98848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Heartland Pharmacy

Occupation  
 Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-27**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Michael A. Manuszewski**

Mailing Address 1728 Grand Island Blvd

City State Zip Code  
 Grand Island NY 14072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Island Pharmacy Center

Occupation  
 Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-100**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Phillip L. Marsiglia**

Mailing Address 631 Cherry Hill Rd

City State Zip Code  
 Baltimore MD 21225-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 South Baltimore Pharmacy

Occupation  
 Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-101**

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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for each category of the  
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(check only one)

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. James L. Martin Sr.**

Mailing Address 410 Golf Crest Ln

City

Lakeway

State

TX

Zip Code

78734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dripping Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-235**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ronald G. Matthews**

Mailing Address 101 Canal St

City

Ellenville

State

NY

Zip Code

12428-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-236**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. William V. Mattson**

Mailing Address 3330 N Lincoln Ave

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ballin Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-312**

Amount of Each Receipt this Period

150.00

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

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

350.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. George M. McAlanis**

Mailing Address 242 Market St

City State Zip Code  
 Millersburg PA 17061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Millersburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-237**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Kevin McClimon**

Mailing Address 115 State St

City State Zip Code  
 Bellevue IA 52031-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bellevue Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-39**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Steven McDaniel**

Mailing Address 5901 Bell St  
 Ste C-32

City State Zip Code  
 Amarillo TX 79109-6263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southpark Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-295**

Amount of Each Receipt this Period

120.00

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

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

250.00



# **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)

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Lee McLaren**

Mailing Address 451 N Main St

City

State

Zip Code

Freeport

NY

11520-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Thomas Pharmacy

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-28**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Steve A. McLean**

Mailing Address 801 S Main St

City

State

Zip Code

Laurinburg

NC

28352-4724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Medicine Shoppe

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-102**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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

Occupation

Meador Drug

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-313**

Amount of Each Receipt this Period

150.00

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

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

225.00

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

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

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Lonnie L. Meredith**

Mailing Address 100 S Avenue E

City

Haskell

State

TX

Zip Code

79521-0528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-328**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Kerry S. Milano**

Mailing Address 3544 W Esplanade Ave

City

Metairie

State

LA

Zip Code

70002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Giuffria Inc /Chateau Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-314**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Amy Miller**

Mailing Address PO Box 436

City

Lula

State

GA

Zip Code

30554-0436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lula Pharmacy And Foothills Gift Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-29**

Amount of Each Receipt this Period

25.00

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

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

375.00

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

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

FOR LINE NUMBER: PAGE 75 OF 131

(check only one)

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Bethany L. Miller

Mailing Address 10 W BRdway

City

Red Lion

State

PA

Zip Code

17356-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lion Pharmacy

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-146

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. David M. Miller

Mailing Address 678 Wyckoff Ave

City

Wyckoff

State

NJ

Zip Code

07481-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Miller's of Wyckoff, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-238

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Laird Miller

Mailing Address 4515 Arlington Ct

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-239

Amount of Each Receipt this Period

100.00

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

275.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. William L. Mincy**

Mailing Address 3375 Capital Cir NE  
Bldg I

City State Zip Code  
Tallahassee FL 32308-8741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacy Provider Services Corporation

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-103**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Michael W. Minesinger**

Mailing Address 311 N Western Ave

City State Zip Code  
Peoria IL 61604-5638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alwan Pharmacy

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-240**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Martin B. Mintz**

Mailing Address 6701 Harford Rd

City State Zip Code  
Baltimore MD 21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Pchy And Med Equipment

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-241**

Amount of Each Receipt this Period

100.00

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

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

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-242**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dwayne R. Mitchell**

Mailing Address 116 Jimmie Davis Blvd

City

Jonesboro

State

LA

Zip Code

71251-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mitchell's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-243**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Clay W. Moore**Mailing Address 11101 Hefner Pointe Dr  
Ste 101

City

Oklahoma City

State

OK

Zip Code

73120-5054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medic Pharmacy Hefner Pointe

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-104**

Amount of Each Receipt this Period

50.00

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

250.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Steven F. Moore**

Mailing Address 28 Montcalm Ave

City State Zip Code  
 Plattsburgh NY 12901-1533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Condo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-315**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. William O. Moore**

Mailing Address 101 W Sinton St  
 Ste B

City State Zip Code  
 Sinton TX 78387-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-329**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Garry Moreland**

Mailing Address 124 N Congress St

City State Zip Code  
 Rushville IL 62681-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moreland And Devitt Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-105**

Amount of Each Receipt this Period

50.00

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

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

400.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Deann Mullins**

Mailing Address 830 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WeCare Mullins Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-316**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. P. Kevin Nestricks**

Mailing Address 1151 W Iron Springs Rd  
Ste D

City

Prescott

State

AZ

Zip Code

86305-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altius Health

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-317**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. David E. Nicklas**

Mailing Address 1442 N Harrison Ave

City

Shawnee

State

OK

Zip Code

74801-5208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrison Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : 20120106153558-362**

Amount of Each Receipt this Period

500.00

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

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

800.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

## **A. Gregory Notaro**

Mailing Address 1769 Orchard Park Rd

City

West Seneca

State

NY

Zip Code

14224-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Union Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-244**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Mary Lou Notaro**

Mailing Address 701 Seneca St  
Ste 205

City

Buffalo

State

NY

Zip Code

14210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinical Support Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-245**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-318**

Amount of Each Receipt this Period

150.00

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

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

350.00



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

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

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(check only one)

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

550.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-108**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. John F. Ochs**

Mailing Address 301 Bridge St

City

Charlevoix

State

MI

Zip Code

49720-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-106**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-246**

Amount of Each Receipt this Period

100.00

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

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

200.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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  
Grovey Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3499.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-350**

Amount of Each Receipt this Period

416.65

Full Name (Last, First, Middle Initial)

**B. Adetayo Olayinka**

Mailing Address 897 N Summit St

City  
Crescent City

State  
FL

Zip Code  
32112-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-107**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. David J. Olig**

Mailing Address 2400 32nd Ave S

City  
Fargo

State  
ND

Zip Code  
58103-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Pointe Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-247**

Amount of Each Receipt this Period

100.00

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

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

566.65

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 83 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Richard S. Ost**

Mailing Address 101 ELehigh Ave

City State Zip Code  
Philadelphia PA 19125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Philadelphia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-109**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. David M. Parry**

Mailing Address PO Box 488  
417 Barclay Ave

City State Zip Code  
Pine River MN 56474-0488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakes Area Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-110**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kari Pastorek**

Mailing Address 501 Hill Ave

City State Zip Code  
Grafton ND 58237-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grafton Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-248**

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 84 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen D. Perine**

Mailing Address PO Box 707

City State Zip Code  
 Rossville KS 66533-0707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dougs 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 Y  
 12 21 2011

**Transaction ID : 20120106153558-111**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Chau Phan**

Mailing Address 1801 Country Place Pkwy  
 Ste 115

City State Zip Code  
 Pearland TX 77584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Country Place Pharmacy

Occupation

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 Y  
 12 21 2011

**Transaction ID : 20120106153558-112**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Doug Phillips**

Mailing Address 12 N 3rd St

City State Zip Code  
 Altamont IL 62411-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altamont Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-113**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 85 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. James B. Phillips**

Mailing Address 615 Wells St

City

Sistersville

State

WV

Zip Code

26175-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phillips Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

Transaction ID : 20120106153558-363

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-249

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Martin E. Pietruszewski**

Mailing Address 2890 Elmwood Ave

City

Buffalo

State

NY

Zip Code

14217-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kenmore Rx Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-114

Amount of Each Receipt this Period

50.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 86 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Peter A. Pogany

Mailing Address 611 Park Ave

City  
Plainfield

State  
NJ

Zip Code  
07060-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rapps Pharmacy Inc

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-250

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jerry Popek

Mailing Address 1302 E Sunshine St

City  
Springfield

State  
MO

Zip Code  
65804-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Store

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-115

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William Popomaronis

Mailing Address 14615 Manor Rd

City  
Phoenix

State  
MD

Zip Code  
21131-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Community Pharmacists Associa

Occupation  
Vice President, Long Term & Home Healt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-251

Amount of Each Receipt this Period

100.00

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

250.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 131

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Kelly G. Pratt**

Mailing Address 1506 S Sunset Ave  
 Ste A

City State Zip Code  
 Littlefield TX 79339-4813

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Kelly G Pratt

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-30

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Dennis R. Prining**

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

Prining's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-252

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Frank Y. Pryce**

Mailing Address 331 Enterprise Blvd  
 # 1323

City State Zip Code  
 Lake Charles LA 70602

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Pryces Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-116

Amount of Each Receipt this Period

50.00

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

175.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Rissa H. Pryse**

Mailing Address 310 E Central Ave

City

La Follette

State

TN

Zip Code

37766-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Terrys Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-253**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jerry Purcell**

Mailing Address 2601 Tulane Ave  
FI 4

City

New Orleans

State

LA

Zip Code

70119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avita Drugs

Occupation

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : 20120106153558-364**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Darren M. Pynn**

Mailing Address 105 W Miller St

City

Newark

State

NY

Zip Code

14513-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newark Village 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 Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-31**

Amount of Each Receipt this Period

25.00

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

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

625.00



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

2400.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-330**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Michael Raduazzo**

Mailing Address 5Nern Blvd

City

Greenvale

State

NY

Zip Code

11548-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenvale Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-32**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Richard Rasmuson**

Mailing Address 1320 E 200 S

City

Salt Lake City

State

UT

Zip Code

84102-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-254**

Amount of Each Receipt this Period

100.00

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

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

325.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Scott A. Rayl**

Mailing Address 114 S Huron Ave

City

Harbor Beach

State

MI

Zip Code

48441-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harbor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-255**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Levi Rice**

Mailing Address 1209 N Main St

City

Beaver Dam

State

KY

Zip Code

42320-8955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rice Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-117**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Fleet W. Richards Jr.**

Mailing Address 932 N Main St

City

Chase City

State

VA

Zip Code

23924-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

F W Richards Jr Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-118**

Amount of Each Receipt this Period

50.00

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

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

200.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Gordon Richards Jr.**

Mailing Address 324 E Main St

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Richards Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-119**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Michael D. Richards**

Mailing Address 201 E Park Ave

City

Anaconda

State

MT

Zip Code

59711-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thrifty Drug Store Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-256**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mark Riley**

Mailing Address 417 S Victory St

City

Little Rock

State

AR

Zip Code

72201-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Pharmacists Association

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-257**

Amount of Each Receipt this Period

100.00

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

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

250.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

## **A. Ernest Roales**

Mailing Address PO Box 75

208 N Main St /

City

Bridgeport

State

IL

Zip Code

62417-0075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scotts Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 20120106153558-365**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Gerald W. Roberts**

Mailing Address 1 Westbury Dr

Ste B270

City

Saint Charles

State

MO

Zip Code

63301-2561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Standard Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-258**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Hugh Rogers**

Mailing Address PO Box 338

City

Mc Caysville

State

GA

Zip Code

30555-0338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McCaysville Drug Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : 20120106153558-259**

Amount of Each Receipt this Period

100.00

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

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

700.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Ronald Louis Rumsey**

Mailing Address 9209 Elam Rd  
Ste 105

City State Zip Code  
Dallas TX 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-120**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ivan Saiff**

Mailing Address 7401 Lahana Cir

City State Zip Code  
Boynton Beach FL 33437-7172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-319**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Sal F. Saraniti**

Mailing Address 141 Ocean Beach Trl

City State Zip Code  
Vero Beach FL 32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-331**

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 PageFOR LINE NUMBER: PAGE 94 OF 131  
(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**

Full Name (Last, First, Middle Initial)

**A. Christopher A. Sauls**

Mailing Address 2578 Niagara Falls Blvd

City	State	Zip Code
Niagara Falls	NY	14304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Park Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-42**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Edward A. Sayre**

Mailing Address 128 High St

City	State	Zip Code
Mineral Point	WI	53565-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ivey's Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-260**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. 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

Wright Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-261**

Amount of Each Receipt this Period

100.00

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

240.00

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

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

 Use separate schedule(s)  
 for each category of the  
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(check only one)

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

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. 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

Vernon Blvd. Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

Transaction ID : 20120106153558-121

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Donald Carl Schreiber**

Mailing Address 1049 N Clay Ave

City	State	Zip Code
Kirkwood	MO	63122

FEC ID number of contributing federal political committee.

C

Name of Employer

Kirkwood Pharmacy Group

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

Transaction ID : 20120106153558-366

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kevin Schweers**

Mailing Address 100 Daingerfield Rd

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

Transaction ID : 20120106153558-263

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Dan L. Severson**

Mailing Address 301 Main St

City

Stevensville

State

MT

Zip Code

59870-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Drug And Variety

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 20120106153558-344**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. John Seymour**

Mailing Address 130 W Main St

City

Orange

State

VA

Zip Code

22960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orange Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-122**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Tim Shaw**

Mailing Address 221 N Saginaw St

City

Durand

State

MI

Zip Code

48429-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shaws Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 20120106153558-367**

Amount of Each Receipt this Period

500.00

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

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

850.00



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Tim Short**

Mailing Address PO Box 835

2515 Business Dr

City

Cumming

State

GA

Zip Code

30028-4394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sawnee Drug Co

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-264

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Darrin W. Silbaugh**

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-332

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Troy A. Simons**

Mailing Address PO Box 89

City

Perry

State

OK

Zip Code

73077-0089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foster Corner Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-333

Amount of Each Receipt this Period

200.00

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

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

500.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-342**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David M. Smith**

Mailing Address 155 Main St

City

Brookville

State

PA

Zip Code

15825-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Means Lauf Super Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-334**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Donald R. Smith**

Mailing Address 802 E Medical Ct

City

Post Falls

State

ID

Zip Code

83854-7298

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-320**

Amount of Each Receipt this Period

150.00

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

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

600.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Randall D. Smith**

Mailing Address 460 N Franklin Ave

City State Zip Code  
Colby KS 67701-2326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-124**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Rod Smith**

Mailing Address 582 S Ohio St

City State Zip Code  
Salina KS 67401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jims Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-265**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Stephanie C. Smith Cooney**

Mailing Address 701 Philadelphia St

City State Zip Code  
Indiana PA 15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gatti Pharmacy

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-125**

Amount of Each Receipt this Period

50.00

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

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

200.00

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

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Dennis W. Song**

Mailing Address 4505 Morningstar Dr

City

Flower Mound

State

TX

Zip Code

75028-3057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Flower Mound Phy And Herbal Alts

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-126**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. David Spence**

Mailing Address 2301 E Mulberry St

City

Angleton

State

TX

Zip Code

77515-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-266**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. James O. Spoon**

Mailing Address 1325 N Old North Pl

City

Sand Springs

State

OK

Zip Code

74063-7805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T.R.B. Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-267**

Amount of Each Receipt this Period

100.00

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

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

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 131  
(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**

Full Name (Last, First, Middle Initial)

**A. Robert Standridge**Mailing Address 2330 McKown Dr  
Ste B

City	State	Zip Code
Norman	OK	73072-6630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legend Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-268**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Frank Steed**

Mailing Address 215 Hoffman St

City	State	Zip Code
Elmira	NY	14905-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geroulds Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-269**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Sharon Steen**Mailing Address 900 Wilshire Blvd  
Ste 104

City	State	Zip Code
Santa Monica	CA	90401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-127**

Amount of Each Receipt this Period

50.00

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

250.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Clifford F. Steinhauser**

Mailing Address 5800 Jonquil Ln N

City

Minneapolis

State

MN

Zip Code

55442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Merwin Long Term Care Pharmacy

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-270**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. David A. Stevens**

Mailing Address PO Box 746

City

Canyonville

State

OR

Zip Code

97417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gordons Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-321**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. Gerald D. Stone**

Mailing Address 404 State Highway 27

City

Comfort

State

TX

Zip Code

78013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Drug Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-271**

Amount of Each Receipt this Period

100.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 103 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Michael R. Strickland**

Mailing Address PO Box 217

401 Corsbie St,

City

Hartselle

State

AL

Zip Code

35640-0217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buy Rite Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-272**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Michael L. Stuart**

Mailing Address 18565 Bus 13

City

Branson West

State

MO

Zip Code

65737-9659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakeland Pharmacy

Occupation

President/CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-322**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Tammy S. Stutes**

Mailing Address 2509 Charity St

City

Abbeville

State

LA

Zip Code

70510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cashway Pharmacy of Abbeville

Occupation

Owner/Pharmacist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-336**

Amount of Each Receipt this Period

200.00

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

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

450.00

# **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)

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. John G. Sutter**

Mailing Address 620 Washington St

City

Horicon

State

WI

Zip Code

53032-1587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-128**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Harry Taubman**

Mailing Address PO Box 266

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Drug Store Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 21 / 2011

**Transaction ID : 20120106153558-129**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Harry Taubman**

Mailing Address PO Box 266

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Drug Store Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 30 / 2011

**Transaction ID : 20120106153558-337**

Amount of Each Receipt this Period

200.00

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

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

300.00



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

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

FOR LINE NUMBER: PAGE 105 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Mark K. Taylor**

Mailing Address 3007 Ocean Heights Ave

City State Zip Code  
 Egg Harbor Townshi NJ 8234

FEC ID number of contributing federal political committee.

C

Name of Employer

Jersey Shore 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  
 12 21 2011

Transaction ID : 20120106153558-274

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Andrew Thomas**

Mailing Address 327 Main St

City State Zip Code  
 Meyersdale PA 15552-1035

FEC ID number of contributing federal political committee.

C

Name of Employer

F B Thomas Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 22 2011

Transaction ID : 20120106153558-368

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Larry Thomerson**

Mailing Address 113 N 1st St

City State Zip Code  
 Gurdon AR 71743-1201

FEC ID number of contributing federal political committee.

C

Name of Employer

Thomerson Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 21 2011

Transaction ID : 20120106153558-130

Amount of Each Receipt this Period

50.00

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 106 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-275**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Gregory B. Thompson**

Mailing Address 224 E Bay Blvd S

City State Zip Code  
 Traverse City MI 49686

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-276**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Virgil F. Todd**

Mailing Address 10321 SE 55th St

City State Zip Code  
 Oklahoma City OK 73150-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Rock Community Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-277**

Amount of Each Receipt this Period

100.00

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

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

300.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Theresa Tolle**

Mailing Address 7746 Bay St

City  
Sebastian

State Zip Code  
FL 32958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Street Pharmacy

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-278**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. James H. Toomajian**

Mailing Address 601 19th St

City  
Watervliet

State Zip Code  
NY 12189-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Watervliet Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-131**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Charles W. Tucker**

Mailing Address PO Box 291526

City  
Kerrville

State Zip Code  
TX 78029-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Stop

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-132**

Amount of Each Receipt this Period

50.00

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

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

200.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Greg Turner**

Mailing Address PO Box 717

City

State

Zip Code

Dale

IN

47523-0717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Turner Rx

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-279**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Rhonny Valentine**

Mailing Address PO Box 1619

116 Jefferson St

City

State

Zip Code

Mansfield

LA

71052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Valentine Pharmacy Inc

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-35**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Jonathan D. Van Lahr**

Mailing Address PO Box 207

City

State

Zip Code

Irvington

KY

40146-0207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Save Rite Drugs Inc

Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-280**

Amount of Each Receipt this Period

100.00

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

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

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 131  
(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**

Full Name (Last, First, Middle Initial)

**A. Keith A. Vance**

Mailing Address 6715 Shallowford Rd

City	State	Zip Code
Lewisville	NC	27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lewisville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-133**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Luke D. Vander Bleek**

Mailing Address 124 E Main St

City	State	Zip Code
Morrison	IL	61270-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fitzgerald Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-281**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Chhagan Vasoya**

Mailing Address 752 E Arrow Hwy

City	State	Zip Code
Pomona	CA	91767-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : 20120106153558-147**

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Victor A. Vena**

Mailing Address 1322 W State St

City  
Olean

State  
NY

Zip Code  
14760-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vic Vena Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-282**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Evan James Vickers**

Mailing Address 91 N Main St

City

Cedar City

State

UT

Zip Code

84720-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bullochs Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-283**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Vinson**

Mailing Address 934 Adams Ave

City

Montgomery

State

AL

Zip Code

36104-4422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adams Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-338**

Amount of Each Receipt this Period

200.00

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

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

400.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Maurice J. Warner**

Mailing Address 30542 US Highway 136

City State Zip Code  
 Unionville MO 63565-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warner Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-284**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Earnest J. Watts**

Mailing Address 2354 Highway 15

City State Zip Code  
 Whitesburg KY 41858-7414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-134**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Craig Wear**

Mailing Address PO Box 305

City State Zip Code  
 Carthage IL 62321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wear Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 21 2011

**Transaction ID : 20120106153558-135**

Amount of Each Receipt this Period

50.00

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

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

200.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Randolph J. Weaver**

Mailing Address 181 Seneca St

City

Hornell

State

NY

Zip Code

14843-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maple City Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-285**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Tony Welder**

Mailing Address 1314 Bayview Ct

City

Bismarck

State

ND

Zip Code

58504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-136**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Clark H. Wells**

Mailing Address PO Box 1020

1610 Main /

City

Tahoka

State

TX

Zip Code

79373-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tahoka Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 20120106153558-369**

Amount of Each Receipt this Period

500.00

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

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

650.00



# **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 113 OF 131

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

## **A. Gregory Wendling**

Mailing Address 680 Robert Blvd

City  
Slidell

State  
LA

Zip Code  
70458-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northshore Discount Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-138**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Robert Westbrook**

Mailing Address 1400 State Route 125

City  
Amelia

State  
OH

Zip Code  
45102-2650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Pill Box

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-139**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Dirk White**

Mailing Address 106 Lincoln St

City  
Sitka

State  
AK

Zip Code  
99835-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-323**

Amount of Each Receipt this Period

150.00

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 114 OF 131  
(check only one)

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

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-286**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Justin B. Wilson**

Mailing Address 1212 S Douglas Blvd  
Ste A

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-288**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Kevin M. Wilson**

Mailing Address 116 E Main St

City

Wallace

State

NC

Zip Code

28466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Graham Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-140**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 115 OF 131  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-339**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Eric S. Winegardner**

Mailing Address 3306 N Kickapoo Ave

City State Zip Code  
Shawnee OK 74804-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eric's Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-289**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. 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  
Victoria Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2011

**Transaction ID : 20120106153558-290**

Amount of Each Receipt this Period

100.00

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 116 OF 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

**A. Bruce D. Wood**

Mailing Address 118 S Vine St

City  
ArthurState  
ILZip Code  
61911-1334FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dicks 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  
12 / 21 / 2011

Transaction ID : 20120106153558-291

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. James T. Wood**

Mailing Address 3868 Highway 431

City

Roanoke

State

AL

Zip Code

36274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerging Home Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-292

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dana L. Woods**

Mailing Address 301 W Main St

City

Mountain View

State

AR

Zip Code

72560-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Woods Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2011

Transaction ID : 20120106153558-36

Amount of Each Receipt this Period

25.00

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

225.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : 20120106153558-141**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. John F. Zban**

Mailing Address 49 Sugarcamp Ln

City State Zip Code  
Stuarts Draft VA 24477-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bridgewater Pharmacy

Occupation

Staff Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 20120106153558-347**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

415.00

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

39543.93



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

PAGE 119 OF 131

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. America Works Pac**

Mailing Address PO Box 76187

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**America Works Pac**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : 5F664C186ACE9CD99CB**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Ameripac: the Fund for a Greater America**Mailing Address 700 13th Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Ameripac: the Fund for a Greater America**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

**Transaction ID : DC7E8511D19369734BC**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Austin Scott for Congress Inc**

Mailing Address PO Box 2530

City	State	Zip Code
Tifton	GA	31793

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**James Austin Scott**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

**Transaction ID : 508BC11F15A44A19A41**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
---------

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Benishek for Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2011

Mailing Address PO Box 2012

City	State	Zip Code
Kingsford	MI	49802

**Transaction ID : E4C1B39BBB2479C54FB**Purpose of Disbursement  
2012 Primary

011

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Daniel J. Benishek**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

**B. Bill Owens for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

**Transaction ID : 231BCB5A22B54CA513F**Purpose of Disbursement  
2012 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**William L. Owens**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Full Name (Last, First, Middle Initial)

**C. Braley for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Mailing Address PO Box 390

City	State	Zip Code
Waterloo	IA	50704

**Transaction ID : 014FD19BD7B6A498D06**Purpose of Disbursement  
2012 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Bruce L. Braley**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

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

3500.00



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

## **A. Courtney for Congress**

Mailing Address 38 Risley Road

City State Zip Code  
 Vernon CT 06066

Purpose of Disbursement  
 2012 Primary

Candidate Name

**Joseph D. Courtney**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 02

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 12 16 2011

**Transaction ID : BCD2E1E9BB8A91FEBD2**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Dave Camp for Congress**

Mailing Address 5915 Eastman Avenue  
 Suite 100

City State Zip Code  
 Midland MI 48640

Purpose of Disbursement  
 2012 Primary

Candidate Name

**Dave Camp**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 04

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 12 16 2011

**Transaction ID : B980119F8870BB4126E**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

## **C. Doggett for Us Congress**

Mailing Address PO Box 5843

City State Zip Code  
 Austin TX 78763

Purpose of Disbursement  
 2012 General

Candidate Name

**Lloyd Doggett**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 25

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 12 07 2011

**Transaction ID : 26449B37EFC951C7175**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Freedom Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2011 Contribution

011

**Transaction ID : 72E23546CC05F0DDFD3**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Freedom Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

State:

District:

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrasso**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement  
2012 Primary

011

**Transaction ID : D58977DB0EC71EE7FFC**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**John Anthony Barrasso**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY

District:

Full Name (Last, First, Middle Initial)

**C. Garagiola for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2011

Mailing Address 13421 Winterspoon Lane

City Germantown State MD Zip Code 20874

Purpose of Disbursement  
2012 Primary

011

**Transaction ID : FA03330B7456DC65944**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Robert J. Garagiola**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD

District: 06

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Mailing Address 175 South West Temple Suite 650

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement  
2012 General

011

**Transaction ID : F1DA55197DC65B2B06A**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Orrin G. Hatch**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT

District:

Full Name (Last, First, Middle Initial)

**B. Hatch Election Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Mailing Address 175 South West Temple Suite 650

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement  
2012 Convention

011

**Transaction ID : 1A7443739E764B7A91B**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Orrin G. Hatch**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: UT

District:

Full Name (Last, First, Middle Initial)

**C. Huizenga for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Mailing Address 441 Williams Court

City	State	Zip Code
Zeeland	MI	49464

Purpose of Disbursement  
2012 Primary

011

**Transaction ID : 6812333E4A8C1785FA1**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**William P. Huizenga**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 02

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Kansans for Huelskamp**

Mailing Address PO Box 410

City Fowler	State KS	Zip Code 67844
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Tim A. Huelskamp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

**Transaction ID : A714672FD49B04B4B6C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield	State CA	Zip Code 93389
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Kevin McCarthy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

**Transaction ID : 15E818B6930ABAE6A38**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Klobuchar for Minnesota 2012**

Mailing Address PO Box 4146

City St Paul	State MN	Zip Code 55104
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Amy Klobuchar**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

**Transaction ID : E965FDB90153127A343**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Lee Terry for Congress**

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Lee Terry**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : 7E7A08EE05E09501932**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Lynn Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : 39EA17F439F09EE167C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Maggie's List**

Mailing Address 6675 Weeping Willow Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Maggie's List**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : 7E868462C28C106EF8A**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Majority Committee Pac--Mc Pac**

Mailing Address PO Box 10134

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Majority Committee Pac--Mc Pac**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : 815C119EE3EE630D7A4**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mark Pryor for Us Senate**

Mailing Address PO Box 2720

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mark Lunsford Pryor**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : 69A97DF57FA4D6ACFE4**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Marsha Blackburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : CE9B90CFB0A2E233196**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Menendez for Senate**

Mailing Address One Gateway Center Suite 520

City Newark	State NJ	Zip Code 07102
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Robert Menendez**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : F80AABCA94F675F2BEA**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Preserving America's Traditions (PATPAC)**

Mailing Address 610 S. Boulevard

City Tampa	State FL	Zip Code 33606
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Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Preserving America's Traditions (PATPAC)**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : B9953FD6BEB3842A658**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Priority Pac**

Mailing Address PO Box 3683

City Little Rock	State AR	Zip Code 72203
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Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Priority Pac**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : CB9563FD8BB10A40C08**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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

PAGE 128 OF 131

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Ribble for Congress**

Mailing Address PO Box 7200

City	State	Zip Code
Appleton	WI	54912

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Reid Ribble**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : 7CA0053B59CCDB0B93F**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Stabenow for Us Senate**

Mailing Address PO Box 4945

City	State	Zip Code
East Lansing	MI	48826

Purpose of Disbursement  
2012 General

011

Candidate Name

**Deborah Stabenow**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : 58F47F4518CCE0BF608**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Steve Israel for Congress Committee**

Mailing Address PO Box 777

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Steve J. Israel**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : FDBAC6053869DDA3DFC**

Amount of Each Disbursement this Period

2500.00
---------

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 131

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

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Tom Reed for Congress**

Mailing Address PO Box 450

City Victor	State NY	Zip Code 14564
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Thomas W. Reed II.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

**Transaction ID : 19FD3E2E0119463364F**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Walberg for Congress**

Mailing Address PO Box 1362

City Jackson	State MI	Zip Code 49204
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Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Timothy L. Walberg**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

**Transaction ID : 3485FF7EBB9DEE3FBFC**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Walden for Congress**

Mailing Address PO Box 1091

City Hood River	State OR	Zip Code 97031
--------------------	-------------	-------------------

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Greg P. Walden**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

**Transaction ID : C08ABA44D6343348B27**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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

National Community Pharmacists Association - PAC

1000.00

State: CA District: 02

State:  District:

State:  District:

1000.00

58500.00

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

## National Community Pharmacists Association - PAC