

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Community Pharmacists Association - PAC

ADDRESS (number and street)

100 Daingerfield Road

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2885

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00030809

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

07

31

2009

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

Type or Print Name of Treasurer

Mr. B. Douglas Hoey

Signature of Treasurer

Electronically Filed by Mr. B. Douglas Hoey

Date

01

31

2011

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

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

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

An internal review of NCPA PAC found the contribution to Moran for Kansas for \$1,000 on 7/20/09 was not previously disclosed. Please note the attached amended report discloses this contribution.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 156

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>Y Y Y Y 2009</div>	<div>753305.10</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>306439.33</div>	
(c) Total Receipts (from Line 19)	<div>44586.86</div>	<div>434293.45</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>351026.19</div>	<div>1187598.55</div>
7. Total Disbursements (from Line 31)	<div>74200.85</div>	<div>910773.21</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>276825.34</div>	<div>276825.34</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

☒ 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)

4 / 156

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	0	9

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)	42673.29	323166.41
(ii) Unitemized	1885.00	109645.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	44558.29	432811.41
(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)	44558.29	432811.41
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	28.57	482.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44586.86	434293.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44586.86	434293.45

DETAILED SUMMARY PAGE

of Disbursements

5 / 156

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1700.85	16773.21	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1700.85	16773.21	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	894000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74200.85	910773.21	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74200.85	910773.21	

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 156

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)	44558.29	432811.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44558.29	432811.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1700.85	16773.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1700.85	16773.21

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

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

FOR LINE NUMBER: PAGE 7 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David M. Adams

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016114

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Greg Adams

Mailing Address 815 Frisco Ave

City

Clinton

State

OK

Zip Code

73601-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salisbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016515

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Julian R. Adams, Jr.

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008733

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Stephen D. Adams

Mailing Address 631 BRd St SE

City

Gainesville

State

GA

Zip Code

30501-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence 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
0 7 / 1 6 / 2 0 0 9

Transaction ID: 20090716_006743

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Aimee Aday

Mailing Address 2780 Hwy 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022761

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kenneth W. Aday, Jr.

Mailing Address 2800 Hwy 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018587

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Carl Allison

Mailing Address 780 SE Baya Dr

City

Lake City

State

FL

Zip Code

32025-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baya Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015809

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014249

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Amato

Mailing Address 938 Patricia Ave

City

Dunedin

State

FL

Zip Code

34698-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005440

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 10 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009312

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen Archbell

Mailing Address PO Box 988

City

Kitty Hawk

State

NC

Zip Code

27949-0988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005790

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David A. Arnold

Mailing Address 1013 Jefferson St

City

Greenfield

State

OH

Zip Code

45123-1283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewarts Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013419

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bradley J. Arthur

Mailing Address 431 Tonawanda St

City

Buffalo

State

NY

Zip Code

14207-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Rock Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017269

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Donald W. Arthur, Jr.

Mailing Address 935 Brighton Rd

City

Tonawanda

State

NY

Zip Code

14150-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brighton Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000972

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kevin Atkins

Mailing Address 701 3rd St

City

Marble Falls

State

TX

Zip Code

78654-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atkins Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017476

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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FOR LINE NUMBER: PAGE 12 / 156

(check only one)

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

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gary Avnet

Mailing Address 14124 Foothill Blvd

City

Sylmar

State

CA

Zip Code

91342-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sayre Medical Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012050

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gerald P. Bailey

Mailing Address 2007 Camp Jackson Rd

City

Cahokia

State

IL

Zip Code

62206-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fisher Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_007592

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Timothy E. Baker

Mailing Address 53 Narragansett Ave

City

Jamestown

State

RI

Zip Code

02835-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baker's Pharmacy of James-
town

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011255

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Steve 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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012596

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Delane M. Bassett

Mailing Address 419 E Davis St

City

Luling

State

TX

Zip Code

78648-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luling Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002390

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Debbie Bastian

Mailing Address 5403 Pinnacle Point Dr

City

Rogers

State

AR

Zip Code

72758-8118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debbies Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016854

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 14 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James M. 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008214

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Richard E. Beck

Mailing Address 802 N Carancahua #1830

City

Corpus Christi

State

TX

Zip Code

78401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Pharmacy Business
Council

Occupation

Vice President Pharmacy Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007767

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001206

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: PAGE 15 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012287

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert E. Bertelli

Mailing Address 1210 3rd St

City

Atwater

State

CA

Zip Code

95301-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bertelli's Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017682

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lance Bien

Mailing Address 222 S Main St

City

Milbank

State

SD

Zip Code

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020180

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Timothy N. Bishop

Mailing Address 103 Sand Mountain Dr NE

City

Albertville

State

AL

Zip Code

35950-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bishops Pharmacy And Gifts
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009910

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Paul Bivens

Mailing Address 619 W 2nd PO Box 927

City

Clarendon

State

TX

Zip Code

79226-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarendon Outpost Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010579

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael R. Blaire

Mailing Address 10921 N 140th Way

City

Scottsdale

State

AZ

Zip Code

85259-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diamondback Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004812

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Herbert Blankenship

Mailing Address 300 Main St Box 445

City

Man

State

WV

Zip Code

25635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town Pharmacy Care

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 20090701_022652

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michelle D. Blanton

Mailing Address 1616 E Main St

City

Humboldt

State

TN

Zip Code

38343-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duvall Drugs Inc

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002829

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jill Bloedel

Mailing Address PO Box 42

City

Cedarville

State

OH

Zip Code

45314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedarville Pharmacy Llc

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000480

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bonnie L. Bobbs-Dicello

Mailing Address 1822 W Market St

City

Pottsville

State

PA

Zip Code

17901-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yorkville Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015659

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Betty Jean Bocchino-O'Shea

Mailing Address 294 Lee Hwy

City

Verona

State

VA

Zip Code

24482-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verona Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020237

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James W. Bock

Mailing Address 404 W Commerce Dr Ste A

City

Traverse City

State

MI

Zip Code

49684-9748

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Prescription Shop

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015045

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John A. Boff

Mailing Address 760 Merrimon Ave

City

Asheville

State

NC

Zip Code

28804-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002650

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Stephen Bonaccorsi

Mailing Address 39 S BRdway

City

Pitman

State

NJ

Zip Code

08071-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pitman Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020902

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Frederick J. Bonchosky

Mailing Address 1238 National Pike

City

Hopwood

State

PA

Zip Code

15445-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010077

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard L. Boone

Mailing Address PO Box 480999

City

Linden

State

AL

Zip Code

36748-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Drug Company Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004025

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael P. Bordes

Mailing Address 401 Sycamore St

City

Williamsburg

State

KY

Zip Code

40769-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corner Prescription Shoppe
Inc

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002513

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Thomas Bowser

Mailing Address 241 W Long Ave

City

Du Bois

State

PA

Zip Code

15801-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shankels Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017384

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sam Boyajian

Mailing Address 131 E Main St

City

Gardner

State

KS

Zip Code

66030-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gardner Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 20090713_018974

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Larry L. Braden

Mailing Address 4344-B Southside Dr

City

Acworth

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lacey Drug Co Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 20090713_013481

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stephen Brandt

Mailing Address 405 Rochelle Ave

City

Rochelle Park

State

NJ

Zip Code

07662-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden State Pharmacy Own-
ers, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 20090713_004630

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Edward J. Breeze

Mailing Address 1200 Main St

City

Mt Vernon

State

IL

Zip Code

62864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byrd-Watson Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007959

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Richard P. Brisson

Mailing Address 458 Dartmouth St

City

New Bedford

State

MA

Zip Code

02740-1115

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011957

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stan Britten

Mailing Address 6700 W 9th Ave

City

Amarillo

State

TX

Zip Code

79106-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adc Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003621

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bruce L. Broadrick, Sr.

Mailing Address PO Box 947

City

Dalton

State

GA

Zip Code

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016578

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

George W. Brookins

Mailing Address PO Box 368

City

Lincolnton

State

NC

Zip Code

28092

FEC ID number of contributing
federal political committee.

C

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

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004533

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Sally M. Brooks-Higginbotham

Mailing Address PO Box 414

City

Lakeville

State

NY

Zip Code

14480-0414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livonia Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017953

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John Brossart, Jr.

Mailing Address 45B S Miami Ave

City

Cleves

State

OH

Zip Code

45002-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brossart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015162

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard Brown

Mailing Address 5277 Lincoln Hwy

City

Gap

State

PA

Zip Code

17527-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longenecker Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019981

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joseph G. Brummer

Mailing Address PO Box 107

City

Anthony

State

KS

Zip Code

67003-0107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irwin Potter Drug Medical
Lab

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010389

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mike A. Buchmeier

Mailing Address 6428 Bandera Rd

City

San Antonio

State

TX

Zip Code

78238-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Netcare

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_018866

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Anthony T. Budde, Sr.

Mailing Address 68 N Bellwood Rd

City

Bethalto

State

IL

Zip Code

62010-1794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rinderers Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_013716

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Eddie H. Burkart

Mailing Address 101 Commercial St SE

City

Hanceville

State

AL

Zip Code

35077-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanceville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: 20090701_008993

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kip Burkett

Mailing Address 302 N Main St

City

Rushville

State

IN

Zip Code

46173-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rushville Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_010921

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert Cain

Mailing Address 7455 Hanson Rd

City

Hanson

State

KY

Zip Code

42413-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanson Pharmacy and Welln-
ess Center

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
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_022986

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jerry Callahan

Mailing Address 106 BRdway 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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_019478

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Donald 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000791

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeff Carson

Mailing Address 7220 Louis Pasteur Dr Ste 176

City

San Antonio

State

TX

Zip Code

78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004057

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John R. Carson

Mailing Address 7220 Louis Pasteur Dr Ste 176

City

San Antonio

State

TX

Zip Code

78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008158

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David Carter

Mailing Address PO Box 308

City

Chetopa

State

KS

Zip Code

67336-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riggs Drugs Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_006155

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Lester L. Carter, Jr.

Mailing Address 2400 W Burleigh St

City

Milwaukee

State

WI

Zip Code

53206-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carter Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001496

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Charles E. Carvajal

Mailing Address 19 Orsinger HI

City

San Antonio

State

TX

Zip Code

78230-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carvajal Pharmacy CS

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008620

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Brian Caswell

Mailing Address 2303 Military Ave

City

Baxter Springs

State

KS

Zip Code

66713-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolkar Drug Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_005288

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Charles R. Catalano

Mailing Address 5737 Main St

City

Flushing

State

NY

Zip Code

11355-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worlds Fair Ltc Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005029

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Nolton W. Causey, Jr.

Mailing Address 407 Bienville St

City

Natchitoches

State

LA

Zip Code

71457-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Causey's Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011522

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 30 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018323

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000248

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Barry Christensen

Mailing Address 3526 Tongass Ave

City

Ketchikan

State

AK

Zip Code

99901-5635

FEC 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017034

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rodney C. Clay

Mailing Address PO Box 970

City

Magalia

State

CA

Zip Code

95954-0970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paradise Pines Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001583

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James E. Coast

Mailing Address PO Box 911
109 W Kansas

City

Cimarron

State

KS

Zip Code

67835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006954

Amount of Each Receipt this Period

416.66

C.

Full Name (Last, First, Middle Initial)

Alan B. Cohen

Mailing Address 524 BRdway

City

Monticello

State

NY

Zip Code

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021592

Amount of Each Receipt this Period

50.00

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 32 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Royce G. Cook, Jr.

Mailing Address 1050 Junction Hwy

City

Kerrville

State

TX

Zip Code

78028-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kerrville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002112

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lewis Cooper, Jr.

Mailing Address PO Box 668, 3353 US Hwy 1

City

Vass

State

NC

Zip Code

28394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coopers Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007154

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Thomas Cory

Mailing Address 389 Stafford Rd

City

Fall River

State

MA

Zip Code

02721-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000919

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John 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 Pharma-
cists Associa

Occupation
Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_000006

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Charles D. Cottrell

Mailing Address 1121 Belleville Ave # A

City

Brewton

State

AL

Zip Code

36426-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014303

Amount of Each Receipt this Period

416.65

C.

Full Name (Last, First, Middle Initial)

Michael E. Coughlin

Mailing Address 5828 Reeds Rd

City

Mission

State

KS

Zip Code

66202-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
ScriptPro LLC

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_000405

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

616.65

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Diana S. Courtney

Mailing Address 1399 SW McVey Ave.

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Shore 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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017705

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Larry D. Courtney

Mailing Address PO Box 13266

City

Edwardsville

State

KS

Zip Code

66113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002007

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gerry Crocker

Mailing Address 100 Daingerfield Rd Ste 400

City

Alexandria

State

VA

Zip Code

22314-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Specialty Pharm-
acy Network

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000166

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 35 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tommy Dagenhart

Mailing Address 1918 Randolph Rd Ste 120

City

Charlotte

State

NC

Zip Code

28207-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nalle Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005576

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Danhauer

Mailing Address 330 Frederica St

City

Owensboro

State

KY

Zip Code

42301-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danhauer Drugs Co

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006789

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David Darby

Mailing Address 301 E Three Notch St

City

Andalusia

State

AL

Zip Code

36420-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Darby's Village Pharmacy,
Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005939

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rodolfo Davila, 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020452

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James T. Davis, Jr.

Mailing Address PO Box 1065

City

Columbiana

State

AL

Zip Code

35051-1065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020563

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Davis

Mailing Address 457 3rd St

City

Beaver

State

PA

Zip Code

15009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaver Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007006

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Angelo DeFazio

Mailing Address 500 Farmington Ave

City

Hartford

State

CT

Zip Code

06105-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arrow Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005845

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alan F. Defever

Mailing Address 601 W 11th St

City

Coffeyville

State

KS

Zip Code

67337-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Prescription Shop, In-
c.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018153

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Johnette DeLeon

Mailing Address PO Box 1139

City

Taylor

State

TX

Zip Code

76574-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfennigs Prescription Pha-
armacy

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004752

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Kort H. Delost

Mailing Address 47 E 500 S

City

Bountiful

State

UT

Zip Code

84010-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002221

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Carmen A. Dicello

Mailing Address 1819 Mahantongo St.

City

Pottsville

State

PA

Zip Code

17901-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towne Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007422

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John A. Dinkelaker

Mailing Address 7717 Beechmont Ave

City

Cincinnati

State

OH

Zip Code

45255-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kunkel Pharmaceutical Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012094

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**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

M. Keith Dodson

Mailing Address 1610 N Main St

City

Altus

State

OK

Zip Code

73521-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bunker Hill Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008791

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Larry Doud

Mailing Address PO Box 24389

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperativ-
e, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018716

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

William Drahushak, III

Mailing Address 700 S Brady St

City

Du Bois

State

PA

Zip Code

15801-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubois Drug & Wellness

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019450

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James E. Dunaway

Mailing Address 110 3rd St

City

Henderson

State

KY

Zip Code

42420-2993

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dunaways Imperial Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013518

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David H. Dunson

Mailing Address 99 Main St

City

Northfork

State

WV

Zip Code

24868-0397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Diamond Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014832

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stephen R. Ehardt

Mailing Address 7275 Huron Ave / PO Box 309

City

Lexington

State

MI

Zip Code

48450-8316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ehardts 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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010235

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 156

(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

A.

Full Name (Last, First, Middle Initial)

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022693

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000024

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tom Engel

Mailing Address 1536 N 115th St Ste 100

City

Seattle

State

WA

Zip Code

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004455

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Arthur Boyd Ennis, Jr.

Mailing Address 140 Montevallo Ln

City

Birmingham

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Payless Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004278

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Randy . Epley

Mailing Address 208 Avery Ave

City

Morganton

State

NC

Zip Code

28655-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Health Mart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006386

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lisa Faast

Mailing Address 3400 Calloway Dr #701

City

Bakersfield

State

CA

Zip Code

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022910

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael 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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004489

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Garland Bruce Faulkenberg

Mailing Address 400 Main St

City

Rockport

State

IN

Zip Code

47635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockport Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019684

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Howard S. Feder

Mailing Address 1454 Myrtle Ave

City

Brooklyn

State

NY

Zip Code

11237-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Myrtle Ave Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001896

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Barry W. Feely

Mailing Address 8093 N Cornerstone Dr

City

Hayden

State

ID

Zip Code

83835-8753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Man Prairie Phcy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_003945

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James M. Forbes

Mailing Address 100 N Grand Ave

City

Houston

State

MO

Zip Code

65483-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forbes Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_001463

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gene Forrester

Mailing Address 1001 W BRdway

City

Columbia

State

MO

Zip Code

65203-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
D & H Prescription Drug
Co., Inc.

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
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_013143

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Terry 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010256

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert B. Frankil

Mailing Address Rt 73 & 113 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011187

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011289

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Alex Frum

Mailing Address PO Box 259

City

Gold Hill

State

OR

Zip Code

97525-0259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gold Hill Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: 20090720_006901

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Thomas E. Fuller

Mailing Address 223 N Main St PO Box 1109

City

Marion

State

SC

Zip Code

29571-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020979

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David Fulton, Jr.

Mailing Address 236 N. Market St.

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitesells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013955

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Douglas L. Funk

Mailing Address 1020 Elmhurst Ave

City

Concordia

State

KS

Zip Code

66901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Funk Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	9	

Transaction ID: 20090713_012959

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William R. Futrell, Jr.

Mailing Address 124 Main St

City

Rich Square

State

NC

Zip Code

27869

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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	9	

Transaction ID: 20090713_009937

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Rick Gallaher

Mailing Address 804 Ridgeway Ave

City

Signal Mountain

State

TN

Zip Code

37377-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Signal Mountain Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	9	

Transaction ID: 20090713_016251

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Cheryl L. Garvin

Mailing Address 36-C Catoctin Cir SE

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019208

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lorri Gebo-Shaver

Mailing Address 235 S 4th Ave

City

Pocatello

State

ID

Zip Code

83201-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shaver Pharmacy & Compoun-
ding Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014552

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Ann Gentry

Mailing Address 203 N Second St

City

Central City

State

KY

Zip Code

42330-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central City Clinic Pharm-
acy

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
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_005133

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kerry W. Gerdes

Mailing Address 245 Main St

City

Conneaut

State

OH

Zip Code

44030-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gerdes Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003329

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Stephen L. Giroux

Mailing Address PO Box 188

City

Middleport

State

NY

Zip Code

14105-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middleport Family Health
Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009363

Amount of Each Receipt this Period

416.66

C.

Full Name (Last, First, Middle Initial)

Kevin C. Glick

Mailing Address 4484 Pahee St

City

Lihue

State

HI

Zip Code

96766-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lihue Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021370

Amount of Each Receipt this Period

100.00

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 50 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gary Glisson

Mailing Address PO Box 400

City

Nashville

State

NC

Zip Code

27856-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ward Drug Company of Nash-
ville

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_012519

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000207

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Nancy Gott

Mailing Address 2403 E Plaza Blvd

City

National City

State

CA

Zip Code

91950-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wells Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000884

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eric L. Graf

Mailing Address 8614 Hartman Rd

City

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012883

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert Greenwood

Mailing Address 224 Byron Ave

City

Waterloo

State

IA

Zip Code

50702-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013599

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bobby Gregg

Mailing Address 511 Asheville Hwy

City

Greeneville

State

TN

Zip Code

37743-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atchley Drug Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_002183

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Paul R. Grisnik

Mailing Address 111 Mill St

City

Grove City

State

PA

Zip Code

16127-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rx Xpress

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	9	

Transaction ID: 20090713_003449

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Don Grove, Jr.

Mailing Address PO Box 1599

City

Warsaw

State

MO

Zip Code

65355-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
J And D Truecare Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	9	

Transaction ID: 20090713_002739

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gabriel R. Guijarro

Mailing Address 903 W. Frank Ave

City

Lufkin

State

TX

Zip Code

75904-3344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	9	

Transaction ID: 20090713_004350

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Aaron Gwinn

Mailing Address 840 N Jefferson St

City

Lewisburg

State

WV

Zip Code

24901-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenbrier Medical Arts
Pharmacy

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022341

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Amber Haag

Mailing Address 1961 Burlingame Rd

City

Emporia

State

KS

Zip Code

66801-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medicine Shoppe

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018410

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Luann Haas

Mailing Address 1350 Mulholland St

City

Nauvoo

State

IL

Zip Code

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000275

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Paul F. Hackett

Mailing Address 101 Pleasant St

City

S Weymouth

State

MA

Zip Code

02190-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oldens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016332

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John G. Haeberle

Mailing Address 721W21 St

City

Kearney

State

NE

Zip Code

68845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haeberle Grand Central Ph-
armacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007681

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John Hagan

Mailing Address 511 Memorial Blvd

City

Springfield

State

TN

Zip Code

37172-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013346

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John Hagood

Mailing Address 102 N Main St

City

Medicine Lodge

State

KS

Zip Code

67104-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hibbards Prescriptions Pl-
us

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006181

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Travis Scott Hall

Mailing Address 700 W Pine St

City

Mount Airy

State

NC

Zip Code

27030-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Airy Drug Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018663

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry Halper

Mailing Address 201 City Ave

City

Merion Station

State

PA

Zip Code

19066-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dakes Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009159

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eric J. Hamik

Mailing Address 3611 2nd Ave

City

Kearney

State

NE

Zip Code

68847-8104

FEC ID number of contributing
federal political committee.

C

Name of Employer
U Save Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000431

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph H. Harmison

Mailing Address PO Box 152643

City

Arlington

State

TX

Zip Code

76015-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer
DFW Prescriptions Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014065

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Craig Harmon

Mailing Address PO Box 758

City

Chapin

State

SC

Zip Code

29036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chapin Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003362

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 57 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Brad N. Harth

Mailing Address 1134 Washington St

City

State

Zip Code

Tell City

IN

47586-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Werner 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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010806

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Steve E. Hartwig

Mailing Address 52 E Arrow St

City

State

Zip Code

Marshall

MO

65340-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Red Cross Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009412

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Bentley F. Hawley

Mailing Address PO Box 4474

City

State

Zip Code

Odessa

TX

79760-4474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008098

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

H. Edward Heckman

Mailing Address 160 Business Park Cir

City

Stoughton

State

WI

Zip Code

53589-3392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heckman & Associates Inc.,
IPA

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015469

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ron E. Hemberry

Mailing Address 13010 Hwy 12

City

Orofino

State

ID

Zip Code

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007191

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cliff Hemingway

Mailing Address 3330 Monroe Rd

City

Charlotte

State

NC

Zip Code

28205-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanley Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012009

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 59 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Holly W. Henry

Mailing Address 7317 35th Ave NE

City

Seattle

State

WA

Zip Code

98115-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rxtra Care Pharmacy View
Ridge

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014903

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Henry

Mailing Address 4831 35th Ave SW

City

Seattle

State

WA

Zip Code

98126-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rxtra Care Pharmacy At the
Mount

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017315

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Raymond Greg Hickman

Mailing Address PO Box 965

City

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007244

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Allen Hicks

Mailing Address 1020 Richland Ave W

City

Aiken

State

SC

Zip Code

29801-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022182

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Patrick R. Hilger

Mailing Address 714 N Main St

City

Russell

State

KS

Zip Code

67665-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gregwire Drug Store

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005633

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Don A. Hill

Mailing Address 1509 W 12th Ave

City

Emporia

State

KS

Zip Code

66801-2457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009857

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 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mimi Hill-Shannahan

Mailing Address 30 EDover St

City

Easton

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hills Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000545

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas R. Hodel

Mailing Address 299 N. Binkley St

City

Soldotna

State

AK

Zip Code

99669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Soldotna Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011984

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Keith Hodges

Mailing Address PO Box 9

City

Gloucester

State

VA

Zip Code

23061-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gloucester Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015768

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Karen L. Hogue

Mailing Address 76-78 W Market St

City

Corning

State

NY

Zip Code

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001227

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paul Holifield

Mailing Address 1595 Harrison St

City

Batesville

State

AR

Zip Code

72501-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Econo Mart Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012333

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lonnie F. Hollingsworth

Mailing Address 5119 34th St

City

Lubbock

State

TX

Zip Code

79410-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
L & H Pharmacies, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007884

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David B. Holman

Mailing Address 673 W Karsch Blvd

City

Farmington

State

MO

Zip Code

63640-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holman Healthcare, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002950

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Michael Holtz

Mailing Address 71 124th Ave

City

Shelbyville

State

MI

Zip Code

49344-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weick's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019329

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David Wayne Hopkins

Mailing Address 204 S Talbot

City

St Michaels

State

MD

Zip Code

21663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022617

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Edmund R. Horton

Mailing Address 2445 NW Loop Ste A

City

Stephenville

State

TX

Zip Code

76401-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanglewood Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008567

Amount of Each Receipt this Period

416.66

B.

Full Name (Last, First, Middle Initial)

Hayden O. Houston, Jr.

Mailing Address PO Box 155

City

Hebron

State

CT

Zip Code

06248-0155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hebron Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003710

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014485

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

616.66

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 65 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jabir Husain

Mailing Address 1526 Cortelyou Rd

City

Brooklyn

State

NY

Zip Code

11226-5608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenfield Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017438

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John A. Hutchison

Mailing Address 101 W Market St

City

Mount Carroll

State

IL

Zip Code

61053-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001029

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Peter K. Illig

Mailing Address 445 BRd St

City

Salamanca

State

NY

Zip Code

14779-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012819

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jonathan D. Jacobs

Mailing Address 413 BRdway St

City

Berlin

State

PA

Zip Code

15530-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berlin Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016359

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Howard Jacobson

Mailing Address 30 Hempstead Ave Ste 156

City

Rockville Centre

State

NY

Zip Code

11570-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockville Centre Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010988

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Forrest M. James

Mailing Address 702 N Person St

City

Raleigh

State

NC

Zip Code

27604-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Person Street Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010464

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Malcolm Janet

Mailing Address 4900 Prospect Ave Ste 106

City

Yorba Linda

State

CA

Zip Code

92886-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linda Vista Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017209

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

H. Barry Jarnigan

Mailing Address PO Box 17124

City

Memphis

State

TN

Zip Code

38187-0124

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneRiver Pharmacy Solutions

Occupation

VP Marketing and Product Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019608

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Renee R. Jarnigan

Mailing Address 4561 W Woodlawn Cir

City

Collierville

State

TN

Zip Code

38017-9426

FEC ID number of contributing
federal political committee.

C

Name of Employer
RedSterling

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022723

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013763

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Dennis P. Johnson

Mailing Address 708 S Washington St

City

Grand Forks

State

ND

Zip Code

58201-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walls Medicine Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016654

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mark Johnson

Mailing Address 109 S Main St

City

Colfax

State

WA

Zip Code

99111-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tick Klock Drugs Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006659

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Fletcher E. Johnston

Mailing Address 278 Hwy 24 Ste M

City

Morehead City

State

NC

Zip Code

28557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Phcy W

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022265

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Patty Johnston

Mailing Address 211 Granville Ave

City

Beckley

State

WV

Zip Code

25801-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colony Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013105

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Chad A. Jones

Mailing Address 406 W 6th St

City

Chelsea

State

OK

Zip Code

74016-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_020170

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Tony Jones

Mailing Address 4207 88th St

City

Lubbock

State

TX

Zip Code

79423-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caprock Discount Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013861

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Finny Joseph

Mailing Address 213 W Main St

City

Durham

State

NC

Zip Code

27701-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Main Street Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021862

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Steven C. Judy

Mailing Address 24 N Main St

City

Petersburg

State

WV

Zip Code

26847-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Judys Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008874

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eric T. Juergens

Mailing Address 640 N Fountain Ave

City

Springfield

State

OH

Zip Code

45504-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Avenue Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_017796

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John G. Kaiser, Jr.

Mailing Address 251 Benedict Ave

City

Norwalk

State

OH

Zip Code

44857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Wells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_011164

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Patricia Keller

Mailing Address 625-A WMain Hwy 51 South

City

Newbern

State

TN

Zip Code

38059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newbern Discount Drugs

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
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_022527

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_001336

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark E. Kinney

Mailing Address 1101 W. 120th Ave, Ste 400

City

Broomfield

State

CO

Zip Code

80021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Pharmacy Coop-
erative

Occupation

Vice President of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_014150

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Robert Kinsey

Mailing Address 4290 Kinsey Dr

City

Tyler

State

TX

Zip Code

75703-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kinseys Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_006567

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Kirk

Mailing Address 8946 Lewis Ave.

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crary Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021991

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Sherwood Klein, Jr.

Mailing Address 6133 Route 219 Ste 1004

City

Ellicottville

State

NY

Zip Code

14731-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellicottville Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017895

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mark T. Kleinbeck

Mailing Address 2210 Barron Rd

City

Poplar Bluff

State

MO

Zip Code

63901-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021174

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John P. Kollhoff

Mailing Address 401 NE 9th St

City

Abilene

State

KS

Zip Code

67410-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graves Drugs

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019725

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sterling Koonce

Mailing Address PO Box 580

City

Tabor City

State

NC

Zip Code

28463-0580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Koonce Medicine Mart

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004113

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Royce Korthauer

Mailing Address PO Box 1197, 2105 SDay

City

Brenham

State

TX

Zip Code

77834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Normans Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019379

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Chuck Kray

Mailing Address 731 Cherry Dr

City

Hershey

State

PA

Zip Code

17033-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011881

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Greg Kurtz

Mailing Address 406 W Putnam Ave

City

Porterville

State

CA

Zip Code

93257-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seven 02 Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_016773

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Chester A. Kuykendall, Jr.

Mailing Address 500 W Commercial St

City

Ozark

State

AR

Zip Code

72949-0292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Village Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008049

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Louis Ladson, Jr.

Mailing Address 501 S Lincoln Ave Ste 10

City

Clearwater

State

FL

Zip Code

33756-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincourt Professional

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011544

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Nancy Laporte

Mailing Address PO Box 216

City

Hennessey

State

OK

Zip Code

73742-0216

FEC ID number of contributing
federal political committee.

C

Name of Employer
La Porte Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006422

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tim G. Larsen

Mailing Address PO Box 5120

City

Yelm

State

WA

Zip Code

98597-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tims Pharmacy And Gift Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012743

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John D. Lassiter

Mailing Address 3252 SE 29th St

City

State

Zip Code

Del City

OK

73115-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010122

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Sharlea Leatherwood

Mailing Address 7275 N Oak Trfy / PO BOX 28444

City

State

Zip Code

Gladstone

MO

64188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Oak Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011394

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Joseph P. Lech

Mailing Address 13 Rockledge Ln

City

State

Zip Code

Tunkhannock

PA

18657-6855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013250

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)

866.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jung M. Lee

Mailing Address 251 Medical Center Blvd #100

City

Webster

State

TX

Zip Code

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010709

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James M. Leftwich

Mailing Address 2909 Loma Vista Rd

City

Ventura

State

CA

Zip Code

93003-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roger's Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016561

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Lehan

Mailing Address 1407 S 4th St

City

DeKalb

State

IL

Zip Code

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017576

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Deanna D. Leikach

Mailing Address 2025 Suffolk Rd

City

Finksburg

State

MD

Zip Code

21048-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Finksburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003597

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Neil Leikach

Mailing Address 6350 Frederick Rd

City

Baltimore

State

MD

Zip Code

21228-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catonsville Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015539

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William R. Letendre

Mailing Address 9901 S Wilcrest Dr

City

Houston

State

TX

Zip Code

77099-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
PCCA

Occupation

VP Phcy Mgmnt Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012903

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas J. Liautaud

Mailing Address 2201 W Temple St

City

Los Angeles

State

CA

Zip Code

90026-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Medical Pharma-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001749

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ron Lind

Mailing Address PO Box 99

City

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005746

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ken Lloyd

Mailing Address PO Box 441

City

Berry

State

AL

Zip Code

35546-0441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004207

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015906

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Long

Mailing Address 433 W Hill St

City

Thomson

State

GA

Zip Code

30824-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longs Drug Stores of SC
Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_006055

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lonnie Long

Mailing Address 2101 N Main St.

City

Altus

State

OK

Zip Code

73521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rexco Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014357

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ennie V. Lopez

Mailing Address PO Box 356

City

Caguas

State

PR

Zip Code

00726-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmacia Betances

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009772

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Steve Love

Mailing Address PO Box 59

City

Lillian

State

AL

Zip Code

36549-0059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lillian Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014610

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Bradley A. Lueneburg

Mailing Address 237 Hassan St. SE/PO Box 695

City

Hutchinson

State

MN

Zip Code

55350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015235

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Raymond 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004226

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Claire B. Mackiewicz

Mailing Address 19 N Main St

City

Holland

State

NY

Zip Code

14080-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002245

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Neil A. Macklin

Mailing Address 2750 Dundee Rd Ste 9

City

Northbrook

State

IL

Zip Code

60062-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dundee Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006126

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Eddie M. Madden

Mailing Address 101 College Ave

City

Elberton

State

GA

Zip Code

30635-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maddens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009085

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jerid Maddox

Mailing Address 501 Teaco Rd

City

Kennett

State

MO

Zip Code

63857-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teko Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021038

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Robert L. Maher, Sr.

Mailing Address PO Box 45

City

Patton

State

PA

Zip Code

16668-0045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Pharmacy And V And
S Variety

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010169

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 85 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004416

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Vijay T. Maktal

Mailing Address 325 Raritan Ave

City

Highland Park

State

NJ

Zip Code

08904-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020015

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Matt Mallinson

Mailing Address 11200 1/2 E US Hwy 24

City

Independence

State

MO

Zip Code

64054-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matts Medicine Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000112

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Sunil Mandalapu

Mailing Address 735 Amsterdam Ave

City

New York

State

NY

Zip Code

10025-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Amsterdam Drug Mart
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021421

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Phillip L. Marsiglia

Mailing Address 631 Cherry Hill Rd

City

Baltimore

State

MD

Zip Code

21225-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Baltimore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011681

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James L. Martin, Sr.

Mailing Address 410 Golf Crest Ln

City

Austin

State

TX

Zip Code

78734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dripping Springs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012437

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Paul A. Martin

Mailing Address 5201 Capitol Blvd SW

City

Tumwater

State

WA

Zip Code

98501-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martins Southgate Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010037

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ronald G. Matthews

Mailing Address 101 Canal St

City

Ellenville

State

NY

Zip Code

12428-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001557

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William V. Mattson

Mailing Address 410 S Meier Rd

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ballin Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001646

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 156

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

George M. McAlanis

Mailing Address 242 Market St.

City

Millersburg

State

PA

Zip Code

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012160

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Beth McCullough

Mailing Address 121 E Van Buren STE C

City

Eureka Springs

State

AR

Zip Code

72632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020852

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Steven McDaniel

Mailing Address 5901 Bell St Ste C-32

City

Amarillo

State

TX

Zip Code

79109-6263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southpark Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017168

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Larry T. McIntosh

Mailing Address 10227 Hartshill Ln

City

Saint Louis

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmax Pharmacy #1302

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018463

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Leo McStroul

Mailing Address 8704 Sepulveda Blvd

City

North Hills

State

CA

Zip Code

91343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Clarita Health Care
Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016002

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Warren G. Meador

Mailing Address PO Box 1749

City

Elk City

State

OK

Zip Code

73648-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meador Drug

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009732

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Cheryl Meek

Mailing Address 5879 SR 92 Ste 3 Lenox Plaza

City

Kingsley

State

PA

Zip Code

18826-9751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenox Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019859

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lonnie L. Meredith

Mailing Address 100 S Ave East

City

Haskell

State

TX

Zip Code

79521-0528

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005330

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Jerry Meyers

Mailing Address 20914 Roscoe Blvd

City

Canoga Park

State

CA

Zip Code

91304-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeSoto Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016214

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kerry 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 Dru-
gs

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017853

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Bethany L. Miller

Mailing Address 10 W BRdway

City

Red Lion

State

PA

Zip Code

17356-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lion Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018518

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4021 Cascade Rd SE Ste 50

City

Grand Rapids

State

MI

Zip Code

49546-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners in Pharmacy Coop-
erative

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020107

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Laird Miller

Mailing Address 4515 Arlington Ct

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022891

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael W. Minesinger

Mailing Address 311 N Western Ave

City

Peoria

State

IL

Zip Code

61604

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy of Illi-
nois

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000084

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Martin B. Mintz

Mailing Address 6701 Harford Rd

City

Baltimore

State

MD

Zip Code

21234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Pchy And Med Equ-
ipment

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008355

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Brian Mitchell

Mailing Address 123 1st St

City

Kennett

State

MO

Zip Code

63857-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitchell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005050

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dwayne R. Mitchell

Mailing Address 116 Jimmie Davis Blvd

City

Jonesboro

State

LA

Zip Code

71251-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mitchell's Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017001

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Steven F. Moore

Mailing Address 28 Montcalm Ave

City

Plattsburgh

State

NY

Zip Code

12901-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020362

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

William O. Moore

Mailing Address 101 W Sinton St Ste B

City

Sinton

State

TX

Zip Code

78387-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moore's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007842

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Garry Moreland

Mailing Address 124 N Congress St

City

Rushville

State

IL

Zip Code

62681-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moreland And Devitt Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018914

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

A. L. Morris, III

Mailing Address PO Box 6737

City

Pickens

State

SC

Zip Code

29671-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003060

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: PAGE 95 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joseph A. Mosso, Sr.

Mailing Address 304 St John Dr

City

Latrobe

State

PA

Zip Code

15650-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosso's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007344

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William A. Moye

Mailing Address 107 Moye Dr

City

Mcdonough

State

GA

Zip Code

30253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moyes 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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008978

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Deann Mullins

Mailing Address 830 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mullins Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015373

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Fanny Musto

Mailing Address 1409 Wickapecko Dr

City

Wanamassa

State

NJ

Zip Code

07712-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wickapecko Pharmacy & Med-
ical Supplies

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022503

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dave Nation

Mailing Address 3030 Burlew Blvd # B

City

Owensboro

State

KY

Zip Code

42303-6486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nations Medicines

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008679

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

P. Kevin Nestrack

Mailing Address 1151 W Iron Springs Rd Ste D

City

Prescott

State

AZ

Zip Code

86305-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altius Health

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010886

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gregory 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006344

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mary Lou Notaro

Mailing Address 1769 Orchard Park Rd

City

Buffalo

State

NY

Zip Code

14210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinical Support Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021119

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Patrick O'Donnell

Mailing Address 821 S 38th St

City

Tacoma

State

WA

Zip Code

98418-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021668

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013656

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Stephanie Goodart O'Neal

Mailing Address PO Box 757

City

Wynne

State

AR

Zip Code

72396-0757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wynne Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005504

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Patrick A. O'Shea

Mailing Address 509 N Main St

City

Bridgewater

State

VA

Zip Code

22812-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgewater Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011791

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010546

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Frank A. Odeh

Mailing Address 3026 Javier Rd

City

Fairfax

State

VA

Zip Code

22031-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prosperity Speciality Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019529

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tony Ogden

Mailing Address 6415 Sands Dr

City

Pasadena

State

TX

Zip Code

77505-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Groveway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006622

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David J. Olig

Mailing Address 2400 32nd Ave S

City

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_014000

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bill Osborn

Mailing Address 1505 E Bj Tunnell Blvd

City

Miami

State

OK

Zip Code

74354-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Osborn Drugs, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016294

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

George Papageorge

Mailing Address PO Box 1171

City

Nipomo

State

CA

Zip Code

93444-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nipomo Rexall Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014216

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Indravadan R. Patel

Mailing Address 340 N Harbor Blvd

City

La Habra

State

CA

Zip Code

90631-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bi Rite

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	9	

Transaction ID: 20090728_004169

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jan H. Pattillo

Mailing Address PO Box 112

City

Hamilton

State

TX

Zip Code

76531-0112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	9	

Transaction ID: 20090713_020615

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Howard Allan Pavia

Mailing Address 400 N Kaufman St

City

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Legend Drug Co Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	9	

Transaction ID: 20090713_017999

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

La Rue N. Pavia

Mailing Address 403 N Kaufman St

City

Linden

State

TX

Zip Code

75563-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
B2TF LTC 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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005707

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Stephen D. Perine

Mailing Address PO Box 707

City

Rossville

State

KS

Zip Code

66533-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doug's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011068

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Katherine Petsos

Mailing Address 90 S Sykes Creek Pkwy

City

Merritt Island

State

FL

Zip Code

32952-3593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walgreens Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021274

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Doug Phillips

Mailing Address 12 N 3rd St

City

Altamont

State

IL

Zip Code

62411-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altamont Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012673

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Martin E. Pietruszewski

Mailing Address 2890 Elmwood Ave

City

Buffalo

State

NY

Zip Code

14217-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenmore Rx Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002477

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Larry D. Plunk, Jr.

Mailing Address 8455 9th Ave

City

Port Arthur

State

TX

Zip Code

77642

FEC ID number of contributing
federal political committee.

C

Name of Employer
King's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008815

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005108

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ronald S. Poole

Mailing Address 102 W BRd St

City

Central City

State

KY

Zip Code

42330-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pooles Pharmacy Care

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018019

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013970

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Richard J. Porter

Mailing Address PO Box 307, 621 State Ave

City

Hampton

State

IL

Zip Code

61256-0307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porters Village Rx

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009538

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lloyd Venson Powers, Jr.

Mailing Address 3985 Meeting St

City

Loris

State

SC

Zip Code

29569-3053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022312

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kerry A. Prickett

Mailing Address 740 Donna Dr

City

Birmingham

State

AL

Zip Code

35226-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Pharmacy

Occupation

Vice President, Supervising Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020335

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dan Priest

Mailing Address 1494 State Hwy 248

City

Branson

State

MO

Zip Code

65616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022484

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dennis R. Princing

Mailing Address 333 S Michigan Ave

City

Saginaw

State

MI

Zip Code

48602-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princing's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001394

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Frank Y. Pryce

Mailing Address Box 1323 331 Enterprise Blvd

City

Lake Charles

State

LA

Zip Code

70602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pryces Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_007712

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	9

Transaction ID: 20090713_003164

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas M. Quinlan

Mailing Address 107 N Main St

City

Wayland

State

NY

Zip Code

14572-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quinlan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	9

Transaction ID: 20090713_012633

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Richard Rasmuson

Mailing Address 1320 E 200 S

City

Salt Lake City

State

UT

Zip Code

84102-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	9

Transaction ID: 20090713_002787

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mel Rauton, Jr.

Mailing Address 783 High Battery Cir

City

Mount Pleasant

State

SC

Zip Code

29464-7820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prescription Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019057

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Scott A. Rayl

Mailing Address 114 S Huron Ave

City

Harbor Beach

State

MI

Zip Code

48441-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016712

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Harold K. Reich

Mailing Address 39 W 10th St

City

Tracy

State

CA

Zip Code

95376-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harold K Reichs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016138

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Levi Rice

Mailing Address 1209 N Main St

City

Beaver Dam

State

KY

Zip Code

42320-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018065

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011906

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_008949

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael 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 IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000836

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kent A. Richardson

Mailing Address 3510 N Ridge Rd # 920-900

City

Wichita

State

KS

Zip Code

67205-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom RX, IncOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012998

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address 417 S Victory St

City

Little Rock

State

AR

Zip Code

72201-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
AR Pharmacist Assoc.Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009591

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Gerald W. Roberts

Mailing Address 1 Westbury Dr Ste B 270

City

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011587

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Henry L. Roberts

Mailing Address PO Box 2583

City

Ardmore

State

OK

Zip Code

73402-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012317

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Joe Rudolph

Mailing Address 2401 Pennsylvania Ave

City

Philadelphia

State

PA

Zip Code

19130-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphian Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006508

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Louis Rumsey

Mailing Address 9209 Elam Rd Ste 105

City

Dallas

State

TX

Zip Code

75217-7359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elam Road Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016898

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ivan Saiff

Mailing Address 7401 Lahana Cir

City

Boynton Beach

State

FL

Zip Code

33437-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014674

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Shukri Saliba

Mailing Address 16660 Paramount Blvd Ste 106

City

Paramount

State

CA

Zip Code

90723

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020274

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Kenny Sanders

Mailing Address 5601 Shirley Park Dr

City

Bessemer

State

AL

Zip Code

35022-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Pharmacy Coopera-
tive, Inc.

Occupation

VP Professional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	9

Transaction ID: 20090728_020422

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Sal F. Saraniti

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

City

Fort Lauderdale

State

FL

Zip Code

33306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commcare Pharmacy- FTL

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_016404

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Edward A. Sayre

Mailing Address 128 High St

City

Mineral Point

State

WI

Zip Code

53565-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ivey's Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_021474

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 114 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City

Cincinnati

State

OH

Zip Code

45223-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schaeper's Northside Pharm-
acy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006729

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John A. Schaff, Sr.

Mailing Address 101 W. Laurel Ave.

City

Foley

State

AL

Zip Code

36535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021902

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William P. Scheer

Mailing Address 1343 E Gun Hill Rd

City

Bronx

State

NY

Zip Code

10469-3084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheer Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_001192

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joshua Schipper

Mailing Address 4815 Vernon Blvd

City

Long Island City

State

NY

Zip Code

11101-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vernon Blvd. Pharmacy, In-
c.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_006319

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lawrence K. Shanley

Mailing Address PO Box 86

City

Peru

State

NY

Zip Code

12972-0086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peru Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005190

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gerald Shapiro

Mailing Address 444 S Flower St Ste 100

City

Los Angeles

State

CA

Zip Code

90071-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uptown Drug Company

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009262

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Frances Hall Sherrill

Mailing Address PO Box 248

City

Wickliffe

State

KY

Zip Code

42087-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wickliffe Phcy

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010099

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D. Sigler

Mailing Address 4525 W6th St

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sigler Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022128

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_004930

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017657

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David M. Smith

Mailing Address 155 Main St

City

Brookville

State

PA

Zip Code

15825-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Means Lauf Super Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014740

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Donald R. Smith

Mailing Address 802 E Medical Ct

City

Post Falls

State

ID

Zip Code

83854-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Man West Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003007

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joe Smith

Mailing Address 107 Park Ave

City

Falls Church

State

VA

Zip Code

22046-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_010626

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Randall D. Smith

Mailing Address 460 N Franklin Ave

City

Colby

State

KS

Zip Code

67701-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_002039

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Rod Smith

Mailing Address 582 S Ohio St

City

Salina

State

KS

Zip Code

67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jims Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_021768

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Stephanie C. Smith Cooney

Mailing Address 701 Philadelphia St.

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gatti Pharmacy

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018769

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Delmas Fagan Sneed

Mailing Address PO Box 346

City

Pulaski

State

TN

Zip Code

38478-0346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reeves Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016090

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Todd Sondrup

Mailing Address 508 E STemple Ste 124

City

Salt Lake City

State

UT

Zip Code

84102-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Plaza Pharmacy

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022378

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Dennis W. Song

Mailing Address 1001 Cross Timbers Rd Ste 1170

City

Flower Mound

State

TX

Zip Code

75028-8817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flower Mound Phy And Herb-
al Alts

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018255

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

James O. Spoon

Mailing Address 1325 N Old NPI

City

Sand Springs

State

OK

Zip Code

74063-7805

FEC ID number of contributing
federal political committee.

C

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

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_010441

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sharon Steen

Mailing Address 900 Wilshire Blvd #104

City

Santa Monica

State

CA

Zip Code

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005971

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David A. Stevens

Mailing Address 314 S Main St

City

Canyonville

State

OR

Zip Code

97417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gordons Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018853

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jim Stevenson

Mailing Address 50 S 2nd W

City

Rexburg

State

ID

Zip Code

83440-1819

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019235

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gerald D. Stone

Mailing Address 404 Hwy 27

City

Comfort

State

TX

Zip Code

78013

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Drug Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021811

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Rick Stradtner

Mailing Address 420 NW 5th St Ste 1A

City

Evansville

State

IN

Zip Code

47708-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
HLS Pharmacies, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_002694

Amount of Each Receipt this Period

475.00

B.

Full Name (Last, First, Middle Initial)

Michael R. Strickland

Mailing Address 401 Corsbie St, PO Box 217

City

Hartselle

State

AL

Zip Code

35640-0217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buy Rite Drugs IncOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_001686

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Charles C. Stuart

Mailing Address 2840 Long Beach Blvd

City

Long Beach

State

CA

Zip Code

90806-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Medical Building
PhcyOccupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_001911

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Michael L. Stuart

Mailing Address PO Box 2248

City

Branson West

State

MO

Zip Code

65737-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland Pharmacy

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_019089

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Brad Stultz

Mailing Address 1615 Ashland Rd

City

Greenup

State

KY

Zip Code

41144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stultz Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_003829

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tammy S. Stutes

Mailing Address 2509 Charity St.

City

Abbeville

State

LA

Zip Code

70510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cashway Pharmacy of Abbeville

Occupation

Owner/Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_007116

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Robert J. Sumner

Mailing Address 8015 W Alameda Ave Ste 100

City

Lakewood

State

CO

Zip Code

80226-3075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Square Pharmacy At
Bellmar

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013070

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John G. Sutter

Mailing Address 620 Washington St

City

Horicon

State

WI

Zip Code

53032-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011223

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Thomas Taiber

Mailing Address 101 Eagle Ridge Dr

City

Waverly

State

IA

Zip Code

50677-4380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meyer Healthmart Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011638

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Larry E. Talley

Mailing Address 991 W Centerton Blvd

City

Centerton

State

AR

Zip Code

72719-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talley Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019149

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Carlos M. Tamarit

Mailing Address 746 10th Ave

City

New York

State

NY

Zip Code

10019-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cash RX Plus

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016045

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_013789

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

David Thomas

Mailing Address 1550 S Pioneer Way # 105/PO # 1296

City

Moses Lake

State

WA

Zip Code

98837-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Medical Center Ph-
cy

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
0 7 / 0 1 / 2 0 0 9

Transaction ID: 20090701_011848

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Larry Thomerson

Mailing Address 113 N 1st St

City

Gurdon

State

AR

Zip Code

71743-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomerson Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002591

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Bryan C. Thompson

Mailing Address 821 Scioto St

City

Urbana

State

OH

Zip Code

43078-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_022079

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Gregory B. Thompson

Mailing Address 324 S Union St

City

Traverse City

State

MI

Zip Code

49684-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Pharmacy Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015078

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark Timmermann

Mailing Address 117 Clintonian Plz

City

Breese

State

IL

Zip Code

62230-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Care Phcy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017113

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Theresa Tolle

Mailing Address 7746 Bay St

City

Sebastian

State

FL

Zip Code

32958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Street Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000351

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 128 / 156

(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

A.

Full Name (Last, First, Middle Initial)

James H. Toomajian

Mailing Address 601 19th St

City

Watervliet

State

NY

Zip Code

12189-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watervliet Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011427

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

James Tristani

Mailing Address 1510 Conowingo Rd Ste A

City

Bel Air

State

MD

Zip Code

21014-1879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015421

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Margie A. Trythall

Mailing Address 744 SE St.

City

Broken Bow

State

NE

Zip Code

68822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Varney Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021734

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Charles W. Tucker

Mailing Address PO Box 291526

City

Kerrville

State

TX

Zip Code

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_001802

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Christopher Phillip Tuetken

Mailing Address 419 E 1st St

City

Monticello

State

IA

Zip Code

52310-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Drug Pharmacy- a Phi-
lip Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020745

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Greg Turner

Mailing Address PO Box 717

City

Dale

State

IN

Zip Code

47523-0717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Turner Rx

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019806

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jonathan D. Van Lahr

Mailing Address PO Box 207

City

Irvington

State

KY

Zip Code

40146-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Save Rite Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002079

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kari Vanderhousen

Mailing Address PO Box 459

City

Duvall

State

WA

Zip Code

98019-0459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duvall Family Drugs

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016940

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Qui VanLy

Mailing Address 4917 E Kings Canyon Rd # 102

City

Fresno

State

CA

Zip Code

93727-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresno Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005667

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Chhagan Vasoya

Mailing Address 752 E Arrow Hwy

City

Pomona

State

CA

Zip Code

91767-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005226

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Victor A. Vena

Mailing Address 1322 W State St

City

Olean

State

NY

Zip Code

14760-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vic Vena Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_012778

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019425

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Joseph Vivo

Mailing Address 5119 E Beverly Blvd

City

Los Angeles

State

CA

Zip Code

90022-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_021236

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Maurice J. Warner

Mailing Address 30542 US Hwy 136

City

Unionville

State

MO

Zip Code

63565-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warner Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015969

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Earnest J. Watts

Mailing Address 2354 Hwy 15

City

Whitesburg

State

KY

Zip Code

41858-7414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Scott E. Watts

Mailing Address PO Box 32007

City

Juneau

State

AK

Zip Code

99803-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rons Apothecary Shoppe Ph-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_019364

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Craig Wear

Mailing Address PO Box 305

City

Carthage

State

IL

Zip Code

62321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wear Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020525

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Tony Welder

Mailing Address 1314 Bayview Ct

City

New Salem

State

ND

Zip Code

58504

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Salem Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_008418

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 156

(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

A.

Full Name (Last, First, Middle Initial)

R. Wayne West

Mailing Address 124 W Renfro St

City

Burleson

State

TX

Zip Code

76028-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Value West Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_009463

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert Westbrook

Mailing Address 1400 State Route 125

City

Amelia

State

OH

Zip Code

45102-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Pill Box

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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_015188

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David Whalley

Mailing Address 289 BRdway

City

Newport

State

RI

Zip Code

02840-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Prescription Center
Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_002422

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Oliver C. Whipple

Mailing Address 1704 Meadows Ln

City

Vidalia

State

GA

Zip Code

30474-8913

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: 20090730_017143

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Tom Whiston

Mailing Address 25 S Main St

City

Mount Gilead

State

OH

Zip Code

43338-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whiston Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	9

Transaction ID: 20090713_015600

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dirk White

Mailing Address 106 Lincoln St

City

Sitka

State

AK

Zip Code

99835-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	9

Transaction ID: 20090713_013917

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Thomas H. Whitworth

Mailing Address 3469 WPoint Rd

City

Lagrange

State

GA

Zip Code

30240-8650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corley Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014771

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen Wiener

Mailing Address 900 Cathedral St

City

Baltimore

State

MD

Zip Code

21201-5311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Vernon Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_003406

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Gary Wientjes

Mailing Address 234 Medical Cir

City

Morehead

State

KY

Zip Code

40351-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morehead Clinic Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_014398

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Ralph 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005402

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Guy B. Wilson

Mailing Address PO Box 5289

City

Johnson City

State

TN

Zip Code

37602-5289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Pharmacy Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003854

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Justin B. Wilson

Mailing Address 1212-A S Douglas Blvd

City

Midwest City

State

OK

Zip Code

73130-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valu-Med Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_000598

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Lonny D. Wilson

Mailing Address PO Box 18204

City

Oklahoma City

State

OK

Zip Code

73154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacy Providers of Okl-
ahoma, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: 20090728_010340

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Eric S. Winegardner

Mailing Address 3306 N Kickapoo Ave

City

Shawnee

State

OK

Zip Code

74804-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eric's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003280

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Terry Wingo

Mailing Address 7131 University Dr NW

City

Huntsville

State

AL

Zip Code

35806-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_011736

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Alan Wong

Mailing Address 282 Village Square

City

Orinda

State

CA

Zip Code

94563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_018615

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Allan Wong

Mailing Address 4445 Kissena Blvd # A

City

Flushing

State

NY

Zip Code

11355-3055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Victoria Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_007070

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Bruce D. Wood

Mailing Address 118 S Vine St

City

Arthur

State

IL

Zip Code

61911-1334

FEC 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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 20090713_017598

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

James T. Wood

Mailing Address 3868 Hwy 431 PO Box 899

City

Roanoke

State

AL

Zip Code

36274-0899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerging Home Care Pharma-
cy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_005002

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Erica Worhatch

Mailing Address 215 W Nordic Dr

City

Petersburg

State

AK

Zip Code

99833-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersburg Rexall Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017544

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gary W. Worley

Mailing Address 718 W Main St

City

Livingston

State

TN

Zip Code

38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Super Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_017066

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Stephen D. Woxland

Mailing Address 501 Breezy Point Dr.

City

Pardeeville

State

WI

Zip Code

53954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Village Drug

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_020693

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

David A. Wright

Mailing Address 5009 Turnpike Feeder Rd

City

Fort Pierce

State

FL

Zip Code

34951-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butterfield Drugs

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_003511

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gary W. Wright

Mailing Address 960 Ross St

City

Heflin

State

AL

Zip Code

36264-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright Drug Company

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_016454

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Robert L. Wright, Jr.

Mailing Address 300 Perry St

City

Helena

State

AR

Zip Code

72342-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Economy Drug Inc

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	9

Transaction ID: 20090713_008273

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Eric J. Yospa

Mailing Address 907 Smain St
Ste A

City

Hampstead

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Pharmacy Of Hampst-
ead

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
0	7		1	3		2	0	0	9

Transaction ID: 20090713_001134

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jeannette Young

Mailing Address 3708 Freemansburg Ave

City

Bethlehem

State

PA

Zip Code

18020-6512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Young's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	9

Transaction ID: 20090728_000714

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey E. Young

Mailing Address 1095 Tamiami Trl N Ste B

City

Nokomis

State

FL

Zip Code

34275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Village 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
0 7 / 1 3 / 2 0 0 9

Transaction ID: 20090713_018226

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

42673.29

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

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

FOR LINE NUMBER: PAGE 144 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Virginia Commerce Bank

Mailing Address 1414 Prince Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

482.04

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 36270

Amount of Each Receipt this Period

28.57

Bank Interest

SUBTOTAL of Receipts This Page (optional)

28.57

TOTAL This Period (last page this line number only)

28.57

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

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

FOR LINE NUMBER:
(check only one)

PAGE 145 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address American Expressway

City Ft. Lauderdale State FL Zip Code 33337

Purpose of Disbursement

Credit Card Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: V36277

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

278.80

B.

Full Name (Last, First, Middle Initial)

Discover

Mailing Address PO Box 3016

City New Albany State OH Zip Code 43054

Purpose of Disbursement

Credit Card Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: V36273

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

35.71

C.

Full Name (Last, First, Middle Initial)

EFS National Bank

Mailing Address PO Box 30668

City Memphis State TN Zip Code 38130

Purpose of Disbursement

Credit Card Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: V36275

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

1386.34

SUBTOTAL of Disbursements This Page (optional)

1700.85

TOTAL This Period (last page this line number only)

1700.85

**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 146 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) Advance Arkansas Political Action Committee	Transaction ID: 35763 Date of Disbursement																				
Mailing Address PO Box 344	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	6		2	0	0	9												
City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Advance Arkansas Political Action Committee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
B. Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America	Transaction ID: 35795 Date of Disbursement																				
Mailing Address 700 13th Street, NW Suite 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Ameripac: the Fund for a Greater America	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
C. Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc	Transaction ID: 35745 Date of Disbursement																				
Mailing Address 700 13th Street NW Suite 600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	7		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Robert P. Casey, Jr	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:																					

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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

PAGE 147 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Bob Corker for Senate 2012

Mailing Address PO Box 848

City
ChattanoogaState
TNZip Code
37401Purpose of Disbursement
ContributionCandidate Name
Bob Corker011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: 35769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Braley for Congress

Mailing Address PO Box 390

City
WaterlooState
IAZip Code
50704Purpose of Disbursement
ContributionCandidate Name
Bruce L. Braley011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 01

Transaction ID: 35755

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Carney for Congress

Mailing Address PO Box A

City
Clarks SummitState
PAZip Code
18411Purpose of Disbursement
ContributionCandidate Name
Christopher P. Carney011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: 35783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez To Congress

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Contribution

Candidate Name
Nydia M. Velazquez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 12

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

Transaction ID: 35761

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Connolly for Congress

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement
Contribution

Candidate Name
Gerald E. Connolly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 11

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

Transaction ID: 35787

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Connolly for Congress

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement
Contribution

Candidate Name
Gerald E. Connolly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 11

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

Transaction ID: 37319

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

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

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Contribution

Candidate Name
Elijah E. Cummings

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MD District: 07

Transaction ID: 35771

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Democrats Win Seats (DWS PAC)

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contribution

Candidate Name
Democrats Win Seats (DWS PAC)

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 35791

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Friends of Ginny Brown-Waite

Mailing Address PO Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
Contribution

Candidate Name
Virginia Brown-Waite

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 05

Transaction ID: 35773

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 150 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Friends of John Thune

Mailing Address 200 North Phillips Avenue Ste L101

City State Zip Code
Sioux Falls SD 57104

Purpose of Disbursement
Contribution

Candidate Name
John R. Thune

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: SD District: Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 35741

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Roy Blunt

Mailing Address PO Box 50100

City State Zip Code
Springfield MO 65805

Purpose of Disbursement
Contribution

Candidate Name
Roy D. Blunt

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: MO District: Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 35751

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Geoff Davis for Congress

Mailing Address PO Box 17192

City State Zip Code
Ft Mitchell KY 41017

Purpose of Disbursement
Contribution

Candidate Name
Geoffrey C. Davis

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 04 Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 35767

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contribution

Candidate Name
Johnny Isakson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: GA District:

Transaction ID: 35747

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Judy Chu for Congress

Mailing Address 777 S Figueroa Street Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contribution

Candidate Name
Judy Chu

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 32

Transaction ID: 35753

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marion Berry for Congress

Mailing Address PO Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement
Contribution

Candidate Name
Marion Berry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AR District: 01

Transaction ID: 35779

Date of Disbursement

07 / 21 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**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 152 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) Marion Berry for Congress	Transaction ID: 35781 Date of Disbursement																				
Mailing Address PO Box 8084	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	9												
City Jonesboro State AR Zip Code 72403	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name Marion Berry	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matsui for Congress	Transaction ID: 35759 Date of Disbursement																				
Mailing Address PO Box 1738	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	6		2	0	0	9												
City Sacramento State CA Zip Code 95812	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name Doris O. Matsui	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mike McMahon for Congress	Transaction ID: 35789 Date of Disbursement																				
Mailing Address 66 Arnold Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	0	9												
City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name Michael E. McMahon	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

PAGE 153 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial) Moderate Democrats Pac	Transaction ID: 35793 Date of Disbursement																				
Mailing Address 426 C Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Moderate Democrats Pac	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
B. Full Name (Last, First, Middle Initial) Moran for Kansas	Transaction ID: 491F79DFCF21EA2A002 Date of Disbursement																				
Mailing Address PO Box 1151	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	9												
City Hays State KS Zip Code 67601	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Jerry Moran	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District:																					
C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 35777 Date of Disbursement																				
Mailing Address PO Box 8331	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	9												
City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Fortney H. Pete Stark	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13																					

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

PAGE 154 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Preserving America's Traditions (PATPAC)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
ContributionCandidate Name
Preserving America's Traditions (PATPAC)011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 36267

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

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

Mailing Address PO Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement
ContributionCandidate Name
Charles B. Rangel011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 35757

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Shelley Moore Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
ContributionCandidate Name
Shelley Moore Capito011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: 35743

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A. Full Name (Last, First, Middle Initial)
Stephen F. Lynch for Congress Committee

Mailing Address 105 Farragut Road

City State Zip Code
South Boston MA 02127

Purpose of Disbursement
Contribution

Candidate Name
Stephen F. Lynch

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MA District: 09

Transaction ID: 35775

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

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

Mailing Address 817 Ninth Avenue
PO Box 156

City State Zip Code
Menominee MI 49858

Purpose of Disbursement
Contribution

Candidate Name
Bart Stupak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MI District: 01

Transaction ID: 35765

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Wyden for Senate

Mailing Address 232 NE 9th Avenue

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contribution

Candidate Name
Ron Wyden

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: OR District:

Transaction ID: 35729

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 156 / 156

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

Yarmuth for Congress

Mailing Address 1819 Brownsboro Road

City State Zip Code
Louisville KY 40202

Purpose of Disbursement
Contribution

Candidate Name
John A. Yarmuth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 03

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

Transaction ID: 35749

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Zack Space for Congress Committee

Mailing Address 726 Sixteenth Street NE

City State Zip Code
Massillon OH 44646

Purpose of Disbursement
Contribution

Candidate Name
Zachary T. Space

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 18

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

Transaction ID: 35785

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

72500.00