

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Advance Arkansas Political Action Committee	Transaction ID: 35763 Date of Disbursement
	Mailing Address PO Box 344	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Advance Arkansas Political Action Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 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	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Ameripac: the Fund for a Greater America	<input type="text" value="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	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Robert P. Casey, Jr	<input type="text" value="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: Contribution	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>