

**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

10

16

2008

through

11

24

2008

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

Type or Print Name of Treasurer

Mr. B. Douglas Hoey

Signature of Treasurer

Electronically Filed by Mr. B. Douglas Hoey

Date

01

31

2011

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

An internal review of NCPA PAC found that \$3,900 in receipts from NCPA members intended for another NCPA account were mistakenly deposited into the PAC account in October 2008, but not reported at the time. The entire amount was transferred out of the PAC to the correct account in January 2009, but not reported.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2008	677830.85
(b) Cash on Hand at Beginning of Reporting Period .....	645664.95	
(c) Total Receipts (from Line 19) .....	54246.55	606960.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	699911.50	1284791.29
7. Total Disbursements (from Line 31) .....	31514.06	616393.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	668397.44	668397.44
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	52668.29	483706.13
(ii) Unitemized .....	690.00	114036.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	53358.29	597742.47
(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) .....	53358.29	597742.47
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 .....	400.00	1400.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	488.26	7817.97
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)) .....	54246.55	606960.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	54246.55	606960.44

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1914.06	19686.70	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1914.06	19686.70	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	596607.15	
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 .....	100.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	100.00	100.00	
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))..	31514.06	616393.85	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31514.06	616393.85	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	53358.29	597742.47
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53258.29	597642.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1914.06	19686.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1914.06	19686.70

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

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

FOR LINE NUMBER: PAGE 7 / 173

(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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_016105

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_016506

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_008725

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 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022752

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_018579

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Agovino

Mailing Address 3887 Sedgwick Ave

City

Bronx

State

NY

Zip Code

10463-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sedgwick Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_003884

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 9 / 173

(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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_015800

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_005431

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert M. Amity, Sr.

Mailing Address 1111 Scalp Ave

City

Johnstown

State

PA

Zip Code

15904-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Hills Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 20081024\_017724

Amount of Each Receipt this Period

25.00

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

225.00

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

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

FOR LINE NUMBER: PAGE 10 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph E. Anderson

Mailing Address 631 16th St / PO Box 966

City

Bedford

State

IN

Zip Code

47421-0966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crowders Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_007537

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_009303

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_005781

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 11 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David A. 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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_013410

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017260

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000963

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 12 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017467

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Tommy R. Atkinson

Mailing Address PO Box 349

City

Chesterfield

State

SC

Zip Code

29709-0349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chesterfield Drug Co, Inc.

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_008463

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_012041

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 13 / 173

(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 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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_007585

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Bailey

Mailing Address 711 Main St

City

Johnson City

State

NY

Zip Code

13790-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_019280

Amount of Each Receipt this Period

50.00

**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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_011246

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 14 / 173

(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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012587

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles G. Barger, Sr.

Mailing Address 60 NE 1st St

City

Pompano Beach

State

FL

Zip Code

33060-6602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pompano Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008910

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_002382

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 15 / 173

(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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_016845

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

290.00

Date of Receipt

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

Transaction ID: 20081024\_008205

Amount of Each Receipt this Period

30.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_007758

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 16 / 173

(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 J. Bell

Mailing Address PO Box 424

City

Macon

State

MS

Zip Code

39341-0424

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_005258

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012278

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_017675

Amount of Each Receipt this Period

100.00

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

250.00

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 / 173

(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)

Leah Bishop

Mailing Address PO Box 159, 51600 S Huntington Rd

City

La Pine

State

OR

Zip Code

97739-9626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drug Mart 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_022853

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1350.00

Date of Receipt

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

Transaction ID: 20081024\_009901

Amount of Each Receipt this Period

150.00

**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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_004804

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 173

(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)

C. Robert Blake

Mailing Address 206 N. Market St.

City

West Union

State

OH

Zip Code

45693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blake 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  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_007505

Amount of Each Receipt this Period

300.00

**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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_002820

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1100.00

Date of Receipt

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

Transaction ID: 20081024\_015650

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 19 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020228

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

300.00

Date of Receipt

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

Transaction ID: 20081024\_015036

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_002641

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 20 / 173

(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 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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020893

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_010068

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_004017

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 21 / 173

(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 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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_002504

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert C. Bowles, Jr.

Mailing Address 301 N Center St

City

Thomaston

State

GA

Zip Code

30286-3636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Big C Discount Drugs

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_011340

Amount of Each Receipt this Period

150.00

**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 ▼

760.00

Date of Receipt

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

Transaction ID: 20081024\_017372

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 / 173

(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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_018968

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Andrea L. Boyd

Mailing Address PO Box 332

City

Plattsburg

State

MO

Zip Code

64477-0332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plattsburg Clinic Pharmac-  
y, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_018554

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Larry L. Braden

Mailing Address 4344-B Southside Dr

City

Acworth

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lacey Drug Co Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_013472

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 23 / 173

(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 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 ▼

1200.00

Date of Receipt

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

Transaction ID: 20081024\_004621

Amount of Each Receipt this Period

150.00

**B.**

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 ▼

850.00

Date of Receipt

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

Transaction ID: 20081024\_007950

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Briscoe

Mailing Address 2295 Oak Rd

City

Snellville

State

GA

Zip Code

30078-2356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Snells 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_020069

Amount of Each Receipt this Period

100.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 173

(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)

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_003615

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 ▼

1100.00

Date of Receipt

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

Transaction ID: 20081024\_004524

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017944

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 25 / 173

(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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_015159

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_019972

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_010380

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 26 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Anthony T. Budde, Sr.

Mailing Address 68 N Bellwood Rd

City

Bethalto

State

IL

Zip Code

62010-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rinderers Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_013707

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_010913

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Burklow

Mailing Address 4880 Woodbine Rd

City

Pace

State

FL

Zip Code

32571-8762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Burklow Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_001103

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 27 / 173

(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 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 Well-  
ness Center

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_022977

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_019469

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000782

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 28 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_004049

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_008149

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

925.00

Date of Receipt

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

Transaction ID: 20081024\_006149

Amount of Each Receipt this Period

125.00

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

375.00

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

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

FOR LINE NUMBER: PAGE 29 / 173

(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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_001487

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_008612

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Frank J. Cassidy

Mailing Address 1 Winter St Ste 3

City

Rochester

State

NH

Zip Code

03867-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_010213

Amount of Each Receipt this Period

100.00

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 173

(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 ▼

1300.00

Date of Receipt

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

Transaction ID: 20081024\_005279

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_005020

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_011514

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 31 / 173

(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 Chamberlain

Mailing Address 3661 N Canyon Rd

City

Provo

State

UT

Zip Code

84604-4536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Edgemont 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_020475

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_018314

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_000239

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 32 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Barry 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 ▼

350.00

Date of Receipt

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

Transaction ID: 20081024\_017025

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_001574

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James E. Coast

Mailing Address PO Box 911  
109 W Kansas

City

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 ▼

4166.66

Date of Receipt

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

Transaction ID: 20081024\_006945

Amount of Each Receipt this Period

416.66

**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 33 / 173

(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)

Jack L. Coffey

Mailing Address 4502 E. 41st St. Ste 1H13

City

Tulsa

State

OK

Zip Code

74135-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Oklahoma

Occupation

Faculty Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_007999

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Colvin

Mailing Address 14 Fourth Ave.

City

Auburn

State

NY

Zip Code

13021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts College of  
Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022211

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_002103

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 34 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Lewis 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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_007145

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000911

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles D. Cottrell

Mailing Address 1121 Belleville Ave # A

City

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 ▼

4166.50

Date of Receipt

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

Transaction ID: 20081024\_014294

Amount of Each Receipt this Period

416.65

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

616.65

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

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

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

FOR LINE NUMBER: PAGE 35 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael E. Coughlin

Mailing Address 5828 Reeds Rd

City

State

Zip Code

Mission

KS

66202-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ScriptPro LLC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000400

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Diana S. Courtney

Mailing Address 1399 SW McVey Ave.

City

State

Zip Code

Lake Oswego

OR

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_017696

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Larry D. Courtney

Mailing Address PO Box 13266

City

State

Zip Code

Edwardsville

KS

66113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_001998

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 36 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_005567

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_006780

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 ▼

850.00

Date of Receipt

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

Transaction ID: 20081024\_005930

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 37 / 173

(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)

Joe T. Daugherty

Mailing Address 1365 Spur Dr - PO Box 93

City

Marshfield

State

MO

Zip Code

65706-0093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanleys Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022450

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Rodolfo Davila, III

Mailing Address 1423 Guadalupe St Ste 108

City

San Antonio

State

TX

Zip Code

78207-5568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davila Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.00

Date of Receipt

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

Transaction ID: 20081024\_017341

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rodolfo Davila, Jr.

Mailing Address 1423 Guadalupe St Ste 108

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_020447

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 38 / 173

(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. 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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_020554

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Norman W. Davis

Mailing Address 1623 21st Ct

City

Phenix City

State

AL

Zip Code

36867-3727

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_012214

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald G. Davis

Mailing Address PO Box 3989

City

Richmond

State

VA

Zip Code

23235-7989

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buford Road Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_015853

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 39 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Timothy J. 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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_006997

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John N. Debalko

Mailing Address 322 S Hancock St

City

McAdoo

State

PA

Zip Code

18237-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Standard Drug Store

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
1	0	/	2	4	/	2	0	0	8

Transaction ID: 20081024\_011827

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_005836

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 40 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert M. Defee

Mailing Address PO Box 900

City

Mc Bee

State

SC

Zip Code

29101-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sandhills Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_014844

Amount of Each Receipt this Period

100.00

**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 ▼

375.00

Date of Receipt

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

Transaction ID: 20081024\_018145

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-  
rmacy

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_004743

Amount of Each Receipt this Period

50.00

**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 41 / 173

(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)

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_002212

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Claud Derbes, Jr.

Mailing Address 13565 Hooper Rd

City

Baton Rouge

State

LA

Zip Code

70818-2912

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_014917

Amount of Each Receipt this Period

300.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_007413

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 42 / 173

(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. DiMaggio

Mailing Address 5208 Veterans Blvd

City

Metairie

State

LA

Zip Code

70006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patio Drugs

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_016822

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph DiMatteo

Mailing Address 215 Allegheny Ave

City

Oakmont

State

PA

Zip Code

15139-2058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Stop

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_009998

Amount of Each Receipt this Period

50.00

**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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_012085

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 173

(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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008785

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_018705

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Doyle

Mailing Address PO Box 192

City

Centre Hall

State

PA

Zip Code

16828-0192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McLanahan Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_006860

Amount of Each Receipt this Period

40.00

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

190.00

**TOTAL** This Period (last page this line number 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 / 173

(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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_013510

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Lee J. Dunn, Jr.

Mailing Address 80 Foothills Pkwy

City

Marble Hill

State

GA

Zip Code

30148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jasper Drug Store At Foot-  
hills

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  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_001512

Amount of Each Receipt this Period

400.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_014823

Amount of Each Receipt this Period

100.00

**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 45 / 173

(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)

Vicky Echevarria

Mailing Address 400 Palm Ave

City

Hialeah

State

FL

Zip Code

33010-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Avenue 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_006015

Amount of Each Receipt this Period

50.00

**B.**

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_022685

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Glenn Eldridge

Mailing Address 675 Patrick Pl Ste F

City

Brownsburg

State

IN

Zip Code

46112-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grandview 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_016605

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 46 / 173

(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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_004269

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_006377

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia A. Epple

Mailing Address 508 N 3rd St

City

Harrisburg

State

PA

Zip Code

17101-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Pharmacists  
Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 20081024\_019558

Amount of Each Receipt this Period

25.00

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

225.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 47 / 173

(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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_004480

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mansour Farahat

Mailing Address 27800 Medical Center Rd Ste 99

City

Mission Viejo

State

CA

Zip Code

92691-6415

FEC ID number of contributing  
federal political committee.

C

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

Transaction ID: 20081024\_018085

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_019675

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 / 173

(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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_001887

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_003938

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David Jue Fong

Mailing Address 801 NBrand Blvd. Ste 330

City

Glendale

State

CA

Zip Code

91203-1269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Pharmacists Networ-  
k, Inc.

Occupation

Network Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_003230

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 49 / 173

(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)

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 ▼

1400.00

Date of Receipt

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

Transaction ID: 20081024\_013134

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kwame Fosu

Mailing Address 1230 Lakeland Hills Blvd

City

Lakeland

State

FL

Zip Code

33805

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_000055

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert T. Fox

Mailing Address 661 Capilano Dr.

City

Brentwood

State

CA

Zip Code

94513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_019757

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 50 / 173

(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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_011280

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020970

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_013946

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 51 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012950

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_009928

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 ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_016243

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 52 / 173

(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)

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 & Compound-  
ing Center

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_014543

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

300.00

Date of Receipt

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

Transaction ID: 20081024\_005124

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Charles M. George

Mailing Address 58 Main St

City

Akron

State

NY

Zip Code

14001-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_004080

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 / 173

(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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_003320

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Gilfillan

Mailing Address 105 Main St

City

Bar Harbor

State

ME

Zip Code

04609-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West End Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 20081024\_004855

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

R. George Gillman

Mailing Address 480 Main St

City

Brookville

State

IN

Zip Code

47012-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George's Family Pharmacy  
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 20081024\_015262

Amount of Each Receipt this Period

200.00

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 173

(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 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 ▼

2616.66

Date of Receipt

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

Transaction ID: 20081024\_009354

Amount of Each Receipt this Period

416.66

**B.**

Full Name (Last, First, Middle Initial)

Evans R. Glasgow, Sr.

Mailing Address PO Box 918

City

Amite

State

LA

Zip Code

70422-0918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thrift-Town Healthmart Ph-  
armacy

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_001948

Amount of Each Receipt this Period

50.00

**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 ▼

650.00

Date of Receipt

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

Transaction ID: 20081024\_021362

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 55 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012510

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_000875

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012874

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 56 / 173

(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 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 ▼

2500.00

Date of Receipt

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

Transaction ID: 20081024\_013590

Amount of Each Receipt this Period

250.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_002174

Amount of Each Receipt this Period

100.00

**C.**

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

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_003440

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 57 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Grossman

Mailing Address 1180 Beacon St

City

Brookline

State

MA

Zip Code

02446-3885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Je Pierce Apothecary

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_015125

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_002730

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ricky T. Guidry

Mailing Address 204 SThompson / POB 760

City

Iowa

State

LA

Zip Code

70647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guidry's Pharmacy/LIPA

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 20081024\_005609

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 58 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gabriel R. Guijarro

Mailing Address 903 W. Frank Ave

City

Lufkin

State

TX

Zip Code

75904-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_004341

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022333

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_018401

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 59 / 173

(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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_000266

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_016323

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John G. Haerberle

Mailing Address 721W21 St

City

Kearney

State

NE

Zip Code

68845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haerberle Grand Central Ph-  
armacy

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_007672

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 60 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John 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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_013337

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_006172

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_018654

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 61 / 173

(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 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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_009152

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_000423

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey E. Harder

Mailing Address 255 Orchard View Terrace

City

Medford

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Main Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_013169

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 62 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph 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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_014056

Amount of Each Receipt this Period

150.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_003356

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Harmon

Mailing Address PO Box 610

City

Kapaau

State

HI

Zip Code

96755-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kamehameha

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_022793

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 63 / 173

(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)

Debra L. Harron

Mailing Address 144 Mountain View Rd

City

Mars Hill

State

NC

Zip Code

28754-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mars Hill Pharmacy

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_003761

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Brad N. Harth

Mailing Address 1134 Washington St

City

Tell City

State

IN

Zip Code

47586-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Werner Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 20081024\_010798

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steve E. Hartwig

Mailing Address 52 E Arrow St

City

Marshall

State

MO

Zip Code

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 ▼

1550.00

Date of Receipt

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

Transaction ID: 20081024\_009403

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 64 / 173

(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)

Bentley F. Hawley

Mailing Address PO Box 4474

City

Odessa

State

TX

Zip Code

79760-4474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008089

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa Hebert

Mailing Address 1710 Johnson St

City

Jennings

State

LA

Zip Code

70546-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Drug Store

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_019116

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1350.00

Date of Receipt

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

Transaction ID: 20081024\_015460

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_007182

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081021\_011999

Amount of Each Receipt this Period

500.00

**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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_012000

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_014894

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_017306

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_007236

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_022173

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 ▼

1150.00

Date of Receipt

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

Transaction ID: 20081024\_005624

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mimi Hill-Shannahan

Mailing Address 30 E Dover 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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000536

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

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 Pha-  
rmacy

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_011975

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_015759

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Douglas Hoey

Mailing Address 1104 Emerald Dr

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Community Pharma-  
cists Associa

Occupation

Senior Vice President & Chief Operatin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_004157

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 69 / 173

(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 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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_012324

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Lonnie F. Hollingsworth

Mailing Address 5119 34th St

City

Lubbock

State

TX

Zip Code

79410-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L & H Pharmacies, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_007875

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David B. Holman

Mailing Address 673 W Karsch Blvd

City

Farmington

State

MO

Zip Code

63640-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holman Healthcare, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_002941

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 70 / 173

(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 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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_019320

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022608

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Edmund R. Horton

Mailing Address 2445 NW Loop Ste A

City

Stephenville

State

TX

Zip Code

76401-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tanglewood Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.66

Date of Receipt

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

Transaction ID: 20081024\_008558

Amount of Each Receipt this Period

416.66

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

516.66

**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 71 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Hospodavis

Mailing Address 16103 McMullen Hwy SW

City

Cumberland

State

MD

Zip Code

21502-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steve's Pharmacy Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_013292

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Hayden O. Houston, Jr.

Mailing Address PO Box 155

City

Hebron

State

CT

Zip Code

06248-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hebron Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_003701

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Huckle

Mailing Address 5632 E Creek Rd

City

South Wales

State

NY

Zip Code

14139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacy First/Wholesale  
Alliance L.L.

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_021705

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 / 173

(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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_014476

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David Humphries

Mailing Address PO Box 40

City

Burnet

State

TX

Zip Code

78611-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Area Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 20081024\_003114

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Hunt

Mailing Address 339 W 3rd St

City

Forest

State

MS

Zip Code

39074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr Discount Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_014099

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 73 / 173

(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 B. Hunter

Mailing Address PO Box 797

City

Richlands

State

NC

Zip Code

28574-0797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Big Value Discount Drug  
Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_013356

Amount of Each Receipt this Period

300.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017429

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_001021

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 173

(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 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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012810

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_016350

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_010979

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 75 / 173

(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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_017200

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_019599

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

260.00

Date of Receipt

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

Transaction ID: 20081024\_013754

Amount of Each Receipt this Period

35.00

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

185.00

**TOTAL** This Period (last page this line number 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 / 173

(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)

Dennis P. Johnson

Mailing Address 708 S Washington St

City

Grand Forks

State

ND

Zip Code

58201-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walls Medicine Center Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_016645

Amount of Each Receipt this Period

150.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_006650

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022256

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 77 / 173

(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)

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_013097

Amount of Each Receipt this Period

150.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020161

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_013854

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 78 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_021855

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008865

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017787

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 79 / 173

(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 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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_011155

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael L. Keller

Mailing Address 141 Hospital Dr  
PO Box 498

City

Salem

State

KY

Zip Code

42078-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clinic Pharmacy Of Ky

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_005891

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

E. Harold Kemp

Mailing Address 107 S Duval St

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_001327

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 80 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

William C. Kennedy

Mailing Address 28 W Ridge St

City

Lansford

State

PA

Zip Code

18232-1330

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_003667

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cathi Ketterling

Mailing Address 1109 Main St

City

Buhl

State

ID

Zip Code

83316-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sav-Mor 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
1	0		2	4		2	0	0	8

Transaction ID: 20081024\_006684

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

2000.00

Date of Receipt

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

Transaction ID: 20081024\_014141

Amount of Each Receipt this Period

200.00

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 81 / 173

(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 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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_006558

Amount of Each Receipt this Period

50.00

**B.**

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_021982

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

1350.00

Date of Receipt

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

Transaction ID: 20081024\_017887

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 82 / 173

(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)

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 ▼

1300.00

Date of Receipt

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

Transaction ID: 20081024\_021165

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Klenk

Mailing Address 67 Lemay Ct

City

Williamsville

State

NY

Zip Code

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ivylea Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_009208

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_019716

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 83 / 173

(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)

Sterling Koonce

Mailing Address PO Box 580

City

State

Zip Code

Tabor City

NC

28463-0580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Koonce Medicine Mart

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_004104

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William E. Koonce

Mailing Address 101 W Main St

City

State

Zip Code

Spindale

NC

28160-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spindale Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000678

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Catherine Kowalski

Mailing Address PO Box 1209

City

State

Zip Code

Petersburg

AK

99833-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Petersburg Rexall

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_021071

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 / 173

(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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_011872

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Joe Kress

Mailing Address 1910 Cochran Rd

City

Pittsburgh

State

PA

Zip Code

15220-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westbrook 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_006460

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_016766

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 85 / 173

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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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008040

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_011535

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Lange

Mailing Address 5362 Pinecastle Ct

City

West Chester

State

OH

Zip Code

45069-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Target Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_020039

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)  
for each category of the  
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(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)

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_006413

Amount of Each Receipt this Period

100.00

**B.**

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 Sh-  
op

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_012734

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John D. Lassiter

Mailing Address 3252 SE 29th St

City

Del City

State

OK

Zip Code

73115-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: 20081024\_010113

Amount of Each Receipt this Period

300.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Gerald Lavengood

Mailing Address 220 E Oak St

City

Villa Park

State

IL

Zip Code

60181-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
K-Mart 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  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_015721

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

Gladstone

State

MO

Zip Code

64188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Oak Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_011385

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph P. Lech

Mailing Address 13 Rockledge Ln

City

Tunkhannock

State

PA

Zip Code

18657-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3799.96

Date of Receipt

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

Transaction ID: 20081024\_013241

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 173

(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)

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 ▼

300.00

Date of Receipt

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

Transaction ID: 20081024\_010700

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_016552

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 ▼

1350.00

Date of Receipt

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

Transaction ID: 20081024\_017567

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 89 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_003591

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_015530

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas J. Liautaud

Mailing Address 2201 W Temple St

City

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 ▼

1100.00

Date of Receipt

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

Transaction ID: 20081024\_001740

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 90 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Ron Lind

Mailing Address PO Box 99

City

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: 20081024\_005737

Amount of Each Receipt this Period

300.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_004198

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_015897

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 91 / 173

(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)

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 ▼

2500.00

Date of Receipt

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

Transaction ID: 20081024\_006050

Amount of Each Receipt this Period

250.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_014348

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ennie V. Lopez

Mailing Address PO Box 356

City

Caguas

State

PR

Zip Code

00726-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmacia Betances

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_009763

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 92 / 173

(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 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_014602

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_015227

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Mace

Mailing Address PO Box 777  
PO Box 777

City

Rock Hill

State

NY

Zip Code

12775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rock Hill Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_022642

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 93 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_002237

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_006117

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_009077

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

National Community Pharmacists Association - PAC

**A.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_021029

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_010160

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_004407

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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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Vijay T. Maktal

Mailing Address 325 Raritan Ave

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_020006

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Matt Mallinson

Mailing Address 11200 1/2 E US Hwy 24

City

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 ▼

1050.00

Date of Receipt

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

Transaction ID: 20081024\_000108

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_021415

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**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Dave Marley

Mailing Address 5008 Peters Creek Pkwy

City

Winston Salem

State

NC

Zip Code

27127-7276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marley Drug Inc

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_021576

Amount of Each Receipt this Period

100.00

**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 ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_011673

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Alan J. Martin

Mailing Address 948 Foothill Blvd.

City

San Luis Obispo

State

CA

Zip Code

93405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthPlus Pharmacy Inc.

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  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_014383

Amount of Each Receipt this Period

300.00

**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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☒ 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 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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012428

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Paul A. Martin

Mailing Address 5201 Capitol Blvd SW

City

Tumwater

State

WA

Zip Code

98501-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martins Southgate Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_010028

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rodney R. Mast

Mailing Address PO Box 208 4925 W Main St.

City

Berlin

State

OH

Zip Code

44610-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mast's Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_003769

Amount of Each Receipt this Period

5000.00

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

5200.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald G. Matthews

Mailing Address 101 Canal St

City

Ellenville

State

NY

Zip Code

12428-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_001548

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William V. Mattson

Mailing Address 410 S Meier Rd

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ballin Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_001638

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen J. McCahan

Mailing Address 813A Lower Main St

City

Saxton

State

PA

Zip Code

16678-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mccahans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_002545

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 99 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Beth McCullough

Mailing Address 121 E Van Buren STE C

City

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 ▼

750.00

Date of Receipt

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

Transaction ID: 20081024\_020843

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Steven McDaniel

Mailing Address 5901 Bell St Ste C-32

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017161

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_018454

Amount of Each Receipt this Period

100.00

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

275.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 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)

Steve A. McLean

Mailing Address 801 S Main St

City

Laurinburg

State

NC

Zip Code

28352-4724

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 ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_004378

Amount of Each Receipt this Period

50.00

**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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_015994

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_009723

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  
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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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_019850

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Arthur M. Mercier

Mailing Address 500 N Indiana Ave

City

Englewood

State

FL

Zip Code

34223-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apple 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  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_017818

Amount of Each Receipt this Period

300.00

**C.**

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 ▼

1400.00

Date of Receipt

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

Transaction ID: 20081024\_005324

Amount of Each Receipt this Period

200.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_016205

Amount of Each Receipt this Period

100.00

**B.**

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 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_017845

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

750.00

Date of Receipt

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

Transaction ID: 20081024\_018512

Amount of Each Receipt this Period

75.00

**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  
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(check only one)

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

National Community Pharmacists Association - PAC

**A.**

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 ▼

2000.00

Date of Receipt

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

Transaction ID: 20081024\_020097

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

David M. Miller

Mailing Address 678 Wyckoff Ave

City

Wyckoff

State

NJ

Zip Code

07481-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller's of Wyckoff, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_014182

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_022883

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)  
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☒ 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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000077

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Martin B. Mintz

Mailing Address 6701 Harford Rd

City

Baltimore

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Pchy And Med Equ-  
ipment

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008346

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

J. Scott Miskovsky

Mailing Address PO Box A

City

Forest City

State

PA

Zip Code

18421-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red Cross Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_012475

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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

National Community Pharmacists Association - PAC

**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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_005044

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 ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_016992

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Clay W. Moore

Mailing Address 11101 Hefner Pointe Dr Ste 101

City

Oklahoma City

State

OK

Zip Code

73120-5054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medic Pharmacy Hefner Poi-  
nte

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_002896

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**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_020354

Amount of Each Receipt this Period

150.00

**B.**

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  
Moores 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_007833

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

W. Whitaker Moose

Mailing Address PO Box 67

City

Mount Pleasant

State

NC

Zip Code

28124-0067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moose Drug Company

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_009807

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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☒ 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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_018906

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

A. L. Morris, III

Mailing Address PO Box 6737

City

Pickens

State

SC

Zip Code

29671-0066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corner Drug Store

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 20081024\_003052

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Terry B. Morris

Mailing Address 127 N Main St

City

Paullina

State

IA

Zip Code

51046-7758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barama Drug

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020928

Amount of Each Receipt this Period

50.00

**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)  
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☒ 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)

Gaye Moseman

Mailing Address 5235 S College Rd

City

Wilmington

State

NC

Zip Code

28412-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicap

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_019011

Amount of Each Receipt this Period

25.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_007335

Amount of Each Receipt this Period

100.00

**C.**

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_008969

Amount of Each Receipt this Period

50.00

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

175.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_015364

Amount of Each Receipt this Period

150.00

**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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_008670

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_010877

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  
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☒ 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)

Robert D. Norman

Mailing Address 124 W. Washington Ave

City

Ava

State

MO

Zip Code

65608-0457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ava Drug

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_018171

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Norman

Mailing Address 101 E Main St.

City

Willow Spgs

State

MO

Zip Code

65793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ferguson Drug

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008521

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_006335

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David A. O'Brien

Mailing Address PO Box 220

City

Cordova

State

AK

Zip Code

99574-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cordova Drug Company

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_010681

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick O'Donnell

Mailing Address 821 S 38th St

City

Tacoma

State

WA

Zip Code

98418-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: 20081024\_021659

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Gerard O'Hare

Mailing Address 66 W Pike St

City

Canonsburg

State

PA

Zip Code

15317-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey's Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_013648

Amount of Each Receipt this Period

150.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Goodart O'Neal

Mailing Address PO Box 757

City

Wynne

State

AR

Zip Code

72396-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wynne Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_005495

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_011782

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_010537

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 113 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Frank 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 Pha-  
rmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_019520

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_006613

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_016285

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 173

(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)

Kenton H. Page

Mailing Address 5110 N BRdway St Ste 2

City

Knoxville

State

TN

Zip Code

37918-2396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medicine Shoppe #1396

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_012142

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Palmer

Mailing Address 1160 E Saint Clair St

City

Vincennes

State

IN

Zip Code

47591-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Side Pharmacy

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_009683

Amount of Each Receipt this Period

50.00

**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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_014207

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  
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FOR LINE NUMBER: PAGE 115 / 173

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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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_020607

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

250.00

Date of Receipt

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

Transaction ID: 20081024\_005698

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

William A. Pearson

Mailing Address 1700 N Waterman Ave

City

San Bernardino

State

CA

Zip Code

92404-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pearson Medical Group 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_001766

Amount of Each Receipt this Period

100.00

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

175.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_011061

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew N. Peterson

Mailing Address PO Box 467

City

Hillsboro

State

WI

Zip Code

54634-0467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peterson 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  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021\_003515

Amount of Each Receipt this Period

250.00

**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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_021265

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Sid Pierson

Mailing Address 825 SE Bishop Blvd, Ste 301

City

Pullman

State

WA

Zip Code

99163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sids Professional Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: 20081024\_022822

Amount of Each Receipt this Period

150.00

**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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_002468

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Pippenger

Mailing Address 401 S Main St

City

Eufaula

State

OK

Zip Code

74432-3251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eufaula Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_021533

Amount of Each Receipt this Period

50.00

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

250.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 118 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry D. 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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_008806

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_005099

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William Popomaronis

Mailing Address 14615 Manor Rd

City

Phoenix

State

MD

Zip Code

21131-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Community Pharma-  
cists Associa

Occupation

Vice President, Long Term & Home Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 20081024\_001843

Amount of Each Receipt this Period

25.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 119 / 173

(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)

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 ▼

2250.00

Date of Receipt

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

Transaction ID: 20081024\_022303

Amount of Each Receipt this Period

250.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020326

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

950.00

Date of Receipt

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

Transaction ID: 20081024\_001385

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Zachary Proniloff

Mailing Address 2611 E. Washington Blvd.

City

Pasadena

State

CA

Zip Code

91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ararat Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_021959

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Y. Pryce

Mailing Address Box 1323 331 Enterprise Blvd

City

Lake Charles

State

LA

Zip Code

70602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pryces Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_007703

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_003155

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 121 / 173

(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 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 ▼

1550.00

Date of Receipt

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

Transaction ID: 20081024\_012624

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Rains

Mailing Address 1003 Madison St

City

Oak Park

State

IL

Zip Code

60302-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sears Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

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

Transaction ID: 20081024\_003547

Amount of Each Receipt this Period

100.00

**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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_002779

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 122 / 173

(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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_019048

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_016703

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Harry S. Reece

Mailing Address 129 W Main St

City

Mountain City

State

TN

Zip Code

37683-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_018127

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 123 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Harold K. Reich

Mailing Address 39 W 10th St

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_016129

Amount of Each Receipt this Period

100.00

**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 ▼

250.00

Date of Receipt

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

Transaction ID: 20081024\_011897

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_008940

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 124 / 173

(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 Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_000827

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, Inc

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_012989

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_009582

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 125 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Don R. Ritter

Mailing Address PO Box 868

City

Atoka

State

OK

Zip Code

74525-0868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ritter Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_001058

Amount of Each Receipt this Period

500.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_011581

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

2400.00

Date of Receipt

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

Transaction ID: 20081024\_012308

Amount of Each Receipt this Period

300.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_006499

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Louis Rumsey

Mailing Address 9209 Elam Rd Ste 105

City

Dallas

State

TX

Zip Code

75217-7359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elam Road Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: 20081024\_016890

Amount of Each Receipt this Period

100.00

**C.**

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_014665

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 127 / 173

(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)

Shukri Saliba

Mailing Address 16660 Paramount Blvd Ste 106

City State Zip Code  
 Paramount CA 90723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Luke Pharmacy, Inc.

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_020265

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Max Salvatore

Mailing Address 2500 Nesconset Hwy, Bldg. 3A

City State Zip Code  
 Stony Brook NY 11790-2555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Park Drug And Sur-  
gical

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  
 1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_010296

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kenny Sanders

Mailing Address 5601 Shirley Park Dr

City State Zip Code  
 Bessemer AL 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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020413

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 128 / 173

(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)

Sal F. Saraniti

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

City State Zip Code  
**Fort Lauderdale FL 33306**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commcare Pharmacy- FTL

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

**Transaction ID: 20081024\_016395**

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Edward A. Sayre

Mailing Address 128 High St

City State Zip Code  
**Mineral Point WI 53565-1208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ivey's Pharmacy, Inc.

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

**Transaction ID: 20081024\_021465**

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City State Zip Code  
**Cincinnati OH 45223-2245**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schaeper's Northside Pharm-  
acy

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  
**1 0 / 2 4 / 2 0 0 8**

**Transaction ID: 20081024\_006720**

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 129 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

John 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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_021893

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William P. Scheer

Mailing Address 1343 E Gun Hill Rd

City

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 ▼

1200.00

Date of Receipt

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

Transaction ID: 20081024\_001183

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

600.00

Date of Receipt

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

Transaction ID: 20081024\_006310

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 130 / 173

(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 C. Seigfreid

Mailing Address 6655 Sorensen Pkwy

City

Omaha

State

NE

Zip Code

68152-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seig Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_006257

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 ▼

975.01

Date of Receipt

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

Transaction ID: 20081024\_005181

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022121

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 131 / 173

(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)

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_004921

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City

Croydon

State

PA

Zip Code

19021-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mats Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017648

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Darrell T. Smith

Mailing Address 621 W 29th St

City

San Angelo

State

TX

Zip Code

76903-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Saveall Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_011486

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 132 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David M. Smith

Mailing Address 155 Main St

City

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_014731

Amount of Each Receipt this Period

150.00

**B.**

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_002998

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_010617

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 133 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_002030

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_021759

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_018760

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 134 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_016080

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ernest W. Snyder

Mailing Address 214 S Main St

City

Seymour

State

MO

Zip Code

65746-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seymour 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
1	0		2	4		2	0	0	8

Transaction ID: 20081024\_018367

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kelly Soekarmoen

Mailing Address 110 S Main St

City

Vicksburg

State

MI

Zip Code

49097-1211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hills Pharmacy Of Vicksbu-  
rg

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
1	0		2	4		2	0	0	8

Transaction ID: 20081024\_000743

Amount of Each Receipt this Period

150.00

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 135 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_022369

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_010432

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Standridge

Mailing Address 2330 McKown Dr Ste B

City

Norman

State

OK

Zip Code

73072-6630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legend Care 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_021444

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 136 / 173

(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 W. Stangel

Mailing Address 821 Iowa Ave

City

Onawa

State

IA

Zip Code

51040-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stangel 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_002327

Amount of Each Receipt this Period

25.00

**B.**

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_005963

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1150.00

Date of Receipt

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

Transaction ID: 20081024\_018844

Amount of Each Receipt this Period

150.00

**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 137 / 173

(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)

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_019226

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_021803

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

3000.00

Date of Receipt

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

Transaction ID: 20081024\_002685

Amount of Each Receipt this Period

300.00

**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 138 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

David Strauch

Mailing Address 121 W 4th St.

City

Appleton City

State

MO

Zip Code

64724-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kreisler Country Pharmacy  
Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 20081030\_021355

Amount of Each Receipt this Period

-100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael R. Strickland

Mailing Address 401 Corsbie St, PO Box 217

City

Hartselle

State

AL

Zip Code

35640-0217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buy Rite Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_001679

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_019084

Amount of Each Receipt this Period

150.00

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 139 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Brad Stultz

Mailing Address 1615 Ashland Rd

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_003820

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1100.00

Date of Receipt

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

Transaction ID: 20081024\_007108

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Leonard J. Sullivan

Mailing Address 4651 Hwy 19

City

Zachary

State

LA

Zip Code

70791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_012376

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 140 / 173

(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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_013061

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_011215

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_011629

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 141 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry 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 ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_019140

Amount of Each Receipt this Period

50.00

**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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_002582

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_022070

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_015070

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 ▼

450.00

Date of Receipt

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

Transaction ID: 20081024\_017105

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_000341

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

National Community Pharmacists Association - PAC

**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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_011418

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_015412

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rudolf J. Trivigno, Sr.

Mailing Address 416 Washington St

City

Hoboken

State

NJ

Zip Code

07030-4982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baron Drug Co li And Surg-  
ical

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_011018

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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☒ 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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_021725

Amount of Each Receipt this Period

100.00

B.

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_001793

Amount of Each Receipt this Period

50.00

C.

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_020736

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**

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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. Turner

Mailing Address PO Box 700

City

Inola

State

OK

Zip Code

74036-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inola Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_004310

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_002070

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Keith A. Vance

Mailing Address 181 Lowes Foods Dr

City

Lewisville

State

NC

Zip Code

27023-8258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewisville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_019888

Amount of Each Receipt this Period

50.00

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

250.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 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)

Kari Vanderhouwen

Mailing Address PO Box 459

City

Duvall

State

WA

Zip Code

98019-0459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duvall Family Drugs

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_016931

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Qui VanLy

Mailing Address 4917 E Kings Canyon Rd # 102

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_005658

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_005217

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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☒ 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)

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_012769

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

300.00

Date of Receipt

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

Transaction ID: 20081024\_019416

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Phyllis Ann Vidrine

Mailing Address 1009 6th St

City  
Mamou

State  
LA

Zip Code  
70554-3123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reeds Family 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  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029\_018488

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

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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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_021227

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Bill Walker

Mailing Address 838 4th Ave

City

Lake Odessa

State

MI

Zip Code

48849-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walker Savmor 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_015393

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Walsh

Mailing Address 1 Marchwood Rd

City

Exton

State

PA

Zip Code

19341-1840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Exton Pharmacy At Marchwo-  
od

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_020783

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**

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

National Community Pharmacists Association - PAC

**A.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_015960

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

750.00

Date of Receipt

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

Transaction ID: 20081024\_015003

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_019355

Amount of Each Receipt this Period

100.00

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

250.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020517

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_008408

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Don Wellborn

Mailing Address PO Box 985

City

Tucumcari

State

NM

Zip Code

88401-0985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellborn 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_013199

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 151 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_009454

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_015179

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_002413

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 152 / 173

(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)

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 20081024\_013908

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia White

Mailing Address 106 Lincoln St

City

Sitka

State

AK

Zip Code

99835-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: 20081024\_021638

Amount of Each Receipt this Period

150.00

**C.**

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 ▼

1600.00

Date of Receipt

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

Transaction ID: 20081024\_014762

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)  
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FOR LINE NUMBER: PAGE 153 / 173

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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)

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_003398

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

400.00

Date of Receipt

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

Transaction ID: 20081024\_014389

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph W. Williams

Mailing Address 247 W Main St

City

Hendersonville

State

TN

Zip Code

37075-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendersonville Health Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_005395

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)  
for each category of the  
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(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)

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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_003846

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000589

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

1800.00

Date of Receipt

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

Transaction ID: 20081024\_010331

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 155 / 173

(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 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_003271

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

900.00

Date of Receipt

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

Transaction ID: 20081024\_011728

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David B. Winkles

Mailing Address 3818 Hwy 90

City

Pace

State

FL

Zip Code

32571-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winkles 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  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024\_005520

Amount of Each Receipt this Period

50.00

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

250.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 156 / 173

(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)

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 ▼

800.00

Date of Receipt

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

Transaction ID: 20081024\_018606

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

James T. Wood

Mailing Address 3868 Hwy 431 PO Box 899

City

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_004994

Amount of Each Receipt this Period

100.00

**C.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_017535

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 157 / 173

(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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_017057

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_020684

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_003502

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 158 / 173

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_016445

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_008264

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Glenn Wurtz

Mailing Address PO Box 489

City

Elk Point

State

SD

Zip Code

57025-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer 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
1	0		2	9		2	0	0	8

Transaction ID: 20081029\_017068

Amount of Each Receipt this Period

500.00

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

600.00

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

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

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for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Eric J. Yospa

Mailing Address 907 Smain St  
Ste A

City State Zip Code  
Hampstead MD 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 ▼

500.00

Date of Receipt

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

Transaction ID: 20081024\_001125

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Jeannette Young

Mailing Address 3708 Freemansburg Ave

City State Zip Code  
Bethlehem PA 18020-6512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Young's Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 20081024\_000706

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey E. Young

Mailing Address 1095 Tamiami Trl N Ste B

City State Zip Code  
Nokomis FL 34275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Village Pharmacy

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 20081024\_018219

Amount of Each Receipt this Period

200.00

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

350.00

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

52668.29

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

FOR LINE NUMBER: PAGE 160 / 173

(check only one)

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

Linda Stender for Congress

Mailing Address PO Box 730

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

Transaction ID: 17D2D9FE94572EFBE64

Amount of Each Receipt this Period

400.00

Contribution Refund

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

400.00

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

400.00



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

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

FOR LINE NUMBER: PAGE 161 / 173

(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 ▼

7817.97

Date of Receipt

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

Transaction ID: 29061

Amount of Each Receipt this Period

488.26

Bank Interest

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

488.26

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

488.26

# **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 162 / 173

<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 State Zip Code  
Ft. Lauderdale FL 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:** V29063

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

436.92

**B.**

Full Name (Last, First, Middle Initial)

Discover

Mailing Address PO Box 3016

City State Zip Code  
New Albany OH 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:** V29064

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

42.98

**C.**

Full Name (Last, First, Middle Initial)

EFS National Bank

Mailing Address PO Box 30668

City State Zip Code  
Memphis TN 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:** V29062

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1434.16

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

1914.06

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

1914.06

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)

Bob Corker for Senate

Mailing Address PO Box 848

City  
Chattanooga

State  
TN

Zip Code  
37401

Purpose of Disbursement  
2006 General DEBT RETIREMENT

Candidate Name  
Bob Corker

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: 29051

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bobby Scott for Congress

Mailing Address PO Box 251

City  
Newport News

State  
VA

Zip Code  
23607

Purpose of Disbursement  
Contribution

Candidate Name  
Robert C. Scott

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 03

Transaction ID: 29033

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Chambliss for Senate

Mailing Address Post Office Box 12469

City  
Atlanta

State  
GA

Zip Code  
30355

Purpose of Disbursement  
Contribution

Candidate Name  
C. Saxby Chambliss

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: GA District:

Runoff

Transaction ID: 29050

Date of Disbursement

11 / 13 / 2008

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 164 / 173

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Connolly for Congress	<b>Transaction ID:</b> 29040 <b>Date of Disbursement</b>																				
Mailing Address PO Box 563	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Merrifield State VA Zip Code 22116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Gerald E. Connolly	<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 State: VA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	<b>Transaction ID:</b> 31002 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3197	<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>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	0	8												
City Little Rock State AR Zip Code 72203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Blanche Lambert Lincoln	<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 State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Dan Maffei	<b>Transaction ID:</b> 29039 <b>Date of Disbursement</b>																				
Mailing Address PO Box 74	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Syracuse State NY Zip Code 13214	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Daniel Benjamin Maffei	<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 State: NY District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**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)

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☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166	<b>Transaction ID:</b> 29054 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Savannah State GA Zip Code 31412 Purpose of Disbursement Check 3371 never cleared, voided check Candidate Name John Jenkins Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 12	<b>Amount of Each Disbursement this Period</b> <div>-1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sherrod Brown Mailing Address PO Box 76187 City Washington State DC Zip Code 20013 Purpose of Disbursement Check 3490 Never cleared voided check Candidate Name Sherrod Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	<b>Transaction ID:</b> 29055 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-2000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee Mailing Address PO Box 87 City Uwchland State PA Zip Code 19480 Purpose of Disbursement Contribution Candidate Name James W. Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	<b>Transaction ID:</b> 29036 <b>Date of Disbursement</b> <div> <div>10</div> <div>27</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4000.00</div>

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

John Hall for Congress

Mailing Address PO Box 469

City  
Beacon

State  
NY

Zip Code  
12508

Purpose of Disbursement  
Check 4065 never cleared voided check

Candidate Name  
John Joseph Hall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 29059

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

John Salazar for Congress

Mailing Address PO Box 13128

City  
Denver

State  
CO

Zip Code  
80201

Purpose of Disbursement  
Contribution

Candidate Name  
John T. Salazar

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: 29027

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kagen 4 Congress

Mailing Address 100 W. College Ave.  
50D

City  
Appleton

State  
WI

Zip Code  
54911

Purpose of Disbursement  
2008 General

Candidate Name  
Steven L. Kagen

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 29058

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

-1000.00

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

-1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) Kilroy for Congress Mailing Address PO Box 2582	<b>Transaction ID:</b> 29046 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Columbus State OH Zip Code 43216 Purpose of Disbursement Check from 7/17 Lost Void Candidate Name Mary Jo Kilroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15	<b>Amount of Each Disbursement this Period</b> <div>-2000.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Kilroy for Congress Mailing Address PO Box 2582 City Columbus State OH Zip Code 43216 Purpose of Disbursement Contribution Candidate Name Mary Jo Kilroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15	<b>Transaction ID:</b> 29047 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Kilroy for Congress Mailing Address PO Box 2582 City Columbus State OH Zip Code 43216 Purpose of Disbursement Contribution Candidate Name Mary Jo Kilroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15	<b>Transaction ID:</b> 29048 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type

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

1000.00

**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 168 / 173

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Stender for Congress	<b>Transaction ID:</b> 47B5DA8838ED1E2D1EB Date of Disbursement 10 / 31 / 2008
	Mailing Address PO Box 730	
	City State Zip Code Scotch Plains NJ 07076	Amount of Each Disbursement this Period -500.00
	Purpose of Disbursement Contribution Candidate Name Linda Stender	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Mike McMahon for Congress	<b>Transaction ID:</b> 29041 Date of Disbursement 10 / 27 / 2008
	Mailing Address 66 Arnold Street	
	City State Zip Code Staten Island NY 10301	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contribution Candidate Name Michael E. McMahon	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) New Jersey Democratic State Committee	<b>Transaction ID:</b> 29043 Date of Disbursement 10 / 27 / 2008
	Mailing Address 196 West State Street	
	City State Zip Code Trenton NJ 08608	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name New Jersey Democratic State Committee	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
	<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.**

Full Name (Last, First, Middle Initial)

Renew Ohio Pac

Mailing Address 726 Sixteenth Street NE

City State Zip Code  
Massillon OH 44646Purpose of Disbursement  
ContributionCandidate Name  
Renew Ohio Pac011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Transaction ID: 29029

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Aderholt for Congress

Mailing Address PO Box 1158

City State Zip Code  
Haleyville AL 35565Purpose of Disbursement  
Check 3647 never cleared voided checkCandidate Name  
Robert B. Aderholt011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 04

Transaction ID: 29056

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

-1000.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Herseth Sandlin for South Dakota

Mailing Address PO Box 2009

City State Zip Code  
Sioux Falls SD 57101Purpose of Disbursement  
Check 3905 Never Cleared Voided CheckCandidate Name  
Stephanie M. Herseth Sandlin011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 01

Transaction ID: 29057

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress	<b>Transaction ID:</b> 29028 <b>Date of Disbursement</b>
Mailing Address PO Box 696	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Madison State WI Zip Code 53701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Tammy Baldwin	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress	<b>Transaction ID:</b> 31003 <b>Date of Disbursement</b>
Mailing Address PO Box 696	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 8 / 2 0 0 8</div> </div>
City Madison State WI Zip Code 53701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Tammy Baldwin	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota Inc	<b>Transaction ID:</b> 29026 <b>Date of Disbursement</b>
Mailing Address PO Box 1536	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 3 / 2 0 0 8</div> </div>
City Sioux Falls State SD Zip Code 57101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Tim Johnson	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Trust Pac Team Republicans for Utilizing Sensible Tactics</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement check from 05/05 lost voided</p> <p>Candidate Name Trust Pac Team Republicans for Utilizing Sensible Tactics</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 29037</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Trust Pac Team Republicans for Utilizing Sensible Tactics</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution/ Recut check from 05/05/08</p> <p>Candidate Name Trust Pac Team Republicans for Utilizing Sensible Tactics</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> 29038</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Washington State Democratic Central Committee</p> <p>Mailing Address PO Box 4027</p> <p>City Seattle State WA Zip Code 98194</p> <p>Purpose of Disbursement Check 3274 never cleared voided</p> <p>Candidate Name Washington State Democratic Central Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 29053</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>-2000.00</p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

**A.** Full Name (Last, First, Middle Initial)  
Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
Contribution

Candidate Name  
Edward Whitfield

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 01

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 29031

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

29500.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" 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)

Rudolf J. Trivigno, Sr.

Mailing Address 416 Washington Street

City  
Hoboken

State  
NJ

Zip Code  
07030-4982

Purpose of Disbursement  
Refund of Contribution

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 579EBB54C0FAF3C064C

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

100.00

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

100.00

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

100.00