

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

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

FOR LINE NUMBER: PAGE 68 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
 1590.00

Date of Receipt
 05 / 20 / 2015
Transaction ID : 20150605132434-240

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Troy A. Simons

Mailing Address PO Box 89

City Perry State OK Zip Code 73077-0089

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

Name of Employer Foster Corner Drug Occupation Owner/Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 05 / 20 / 2015
Transaction ID : 20150605132434-241

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 500.00

Date of Receipt
 05 / 20 / 2015
Transaction ID : 20150605132434-242

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)..... ▶