

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

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

FOR LINE NUMBER: PAGE 8 OF 9
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

American College of Clinical Pharmacy Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nesbit, Suzanne, A., ,

Mailing Address 1602 Hawkbury Ct

City
Bel Air

State
MD

Zip Code
21015-5798

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Johns Hopkins Hospital

Occupation (for Individual)
Clinical Pharmacist

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2019

Transaction ID : C4006822

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Seaton, Terry, L., ,

Mailing Address 4588 Parkview Pl

City
Saint Louis

State
MO

Zip Code
63110-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Louis College of Pharmacy

Occupation (for Individual)
Information Requested

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2019

Transaction ID : C4006771

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shapiro, Nancy, L., ,

Mailing Address 3874 Linneman St

City
Glenview

State
IL

Zip Code
60025-3992

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Illinois At Chicago

Occupation (for Individual)
Clinical Associate Professor

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2019

Transaction ID : C4006814

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00