

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 9

☒ 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)

**Professional Compounding Centers of America Political Action Committee**

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

**A. Biggs, Michelle, , ,**

Mailing Address 19814 Iceland Ct

City  
Spring

State  
TX

Zip Code  
77379

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PCCA

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : SA11AI.5216**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Bi-Monthly Payroll Contributions

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

**B. Bray, Jeffery, , ,**

Mailing Address 669 West 900 North

City

North Salt Lake

State  
UT

Zip Code  
84054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MedQuest Pharmacy

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

**Transaction ID : SA11AI.5214**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. Day, Arjun, , ,**

Mailing Address 12719 Broken Bough Dr

City

Houston

State  
TX

Zip Code  
77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PCCA

Occupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2018

**Transaction ID : SA11AI.5221**

Amount of Each Receipt this Period

384.00

☐ Memo Item

Bi-Monthly Payroll Contributions

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

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

5584.00