

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 89
(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

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

A. Gans, John, A., ,

Mailing Address 2215 Constitution Ave NW

City
WashingtonState
DCZip Code
20037-2907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Pharmacists AssociationOccupation (for Individual)
EVP & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2019

Transaction ID : 2019060517215-89

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Garvin, Cheryl, L., ,Mailing Address 36 Catocin Cir SE
Ste CCity
LeesburgState
VAZip Code
20175-3632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Compounding CenterOccupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2019

Transaction ID : 2019060517215-90

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Gebo-Shaver, Lorri, , ,

Mailing Address 235 S 4th Ave

City
PocatelloState
IDZip Code
83201-6438FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shaver Pharmacy & Compounding CenterOccupation (for Individual)
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2019

Transaction ID : 2019060517215-91

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

700.00

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