

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

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

FOR LINE NUMBER: PAGE 36 OF 88

(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)

National Community Pharmacists Association - PAC

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

A. Harrell, Jeffrey, Shane, ,

Mailing Address PO Box 1635

City  
Long Beach

State  
WA

Zip Code  
98631-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ilwaco Drugs

Occupation (for Individual)  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2019

Transaction ID : 201910151656-95

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

B. Hauser, Ronna, B., ,

Mailing Address 100 Daingerfield Rd

City  
Alexandria

State  
VA

Zip Code  
22314-2886

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Community Pharmacists Associa

Occupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2019

Transaction ID : 201910151656-96

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. Heardt, Jason, , ,

Mailing Address 909 E Centennial Dr

City  
Pittsburg

State  
KS

Zip Code  
66762-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lindburg Pharmacy South

Occupation (for Individual)  
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  
09 / 21 / 2019

Transaction ID : 201910151656-97

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

596.66

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