

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

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

FOR LINE NUMBER: PAGE 15 OF 97

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

A. Bouvette, Ralph, , ,

Mailing Address 102 Enterprise Dr

City
Frankfort

State
KY

Zip Code
40601-8585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Pharmacy Services Corporation

Occupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2018

Transaction ID : 2018051413253-44

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

B. Bray, Jeffery, Rex, ,

Mailing Address 669 W 900 N

City
North Salt Lake

State
UT

Zip Code
84054-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medquest Pharmacy

Occupation (for Individual)
Pharmacy Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2018

Transaction ID : 2018051413253-46

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Brooklere, John, J., ,

Mailing Address 3633 Gray Ave

City
Adamsville

State
AL

Zip Code
35005-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brooklere Pharmacy

Occupation (for Individual)
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2018

Transaction ID : 2018051413253-49

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2500.00