

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

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

FOR LINE NUMBER: PAGE 83 OF 97

(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. Vasoya, Chhagan, , ,

Mailing Address 752 E Arrow Hwy

City  
PomonaState  
CAZip Code  
91767-2247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Express PharmacyOccupation (for Individual)  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2018

Transaction ID : 2018051413253-360

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Vaughan, Gregory, L., ,

Mailing Address 101 Parish Ave

City  
OppState  
ALZip Code  
36467-1613FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
T And C Pharmacy, Inc.Occupation (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  
04 / 13 / 2018

Transaction ID : 2018051413253-362

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Vena, Victor, A., ,

Mailing Address 1322 W State St

City  
OleanState  
NYZip Code  
14760-2036FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vic Vena PharmacyOccupation (for Individual)  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2018

Transaction ID : 2018051413253-363

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

700.00