

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

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

FOR LINE NUMBER: PAGE 18 OF 86
 (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. Caswell, Brian, D., ,

Mailing Address 1920 Military Ave

City

Baxter Springs

State

KS

Zip Code

66713-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wolkar Drug Inc.

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY
 06 / 21 / 2019

Transaction ID : 20190712995-46

Amount of Each Receipt this Period

416.65

☐ Memo Item

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

B. Chancy, Hugh, M., ,

Mailing Address 205 E Main St

City

Hahira

State

GA

Zip Code

31632-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Chancy Drugs

Occupation (for Individual)

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY
 06 / 21 / 2019

Transaction ID : 20190712995-47

Amount of Each Receipt this Period

416.65

☐ Memo Item

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

c. Christensen, Barry, , ,

Mailing Address 3526 Tongass Ave

City

Ketchikan

State

AK

Zip Code

99901-5635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Island Pharmacy

Occupation (for Individual)

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 06 / 21 / 2019

Transaction ID : 20190712995-49

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)..... ►

933.30