

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

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

FOR LINE NUMBER: PAGE 50 OF 86

(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. Mintz, Martin, B., ,

Mailing Address 6701 Harford Rd

City
Baltimore

State
MD

Zip Code
21234-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Pchy And Med Equipment

Occupation (for Individual)
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

Transaction ID : 20190712995-156

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Miskovsky, Joseph, Scott, ,

Mailing Address 420 Main St

City
Forest City

State
PA

Zip Code
18421-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Red Cross Pharmacy

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 Y
06 / 21 / 2019

Transaction ID : 20190712995-157

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Moon, Richard, B., ,

Mailing Address 863 Fairmount Ave

City
Jamestown

State
NY

Zip Code
14701-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pharmacy Innovations

Occupation (for Individual)
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2019

Transaction ID : 20190712995-158

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

250.00