

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 7

☒ 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)

**340B HEALTH POLITICAL ACTION COMMITTEE (340B HEALTH PAC)**

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

**A. Grad, Adam, , ,**

Mailing Address 824 W Franklin St

City  
Boise

State  
ID

Zip Code  
83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACI 340B Management

Occupation (for Individual)  
Chief Executive Officer

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  
02 / 10 / 2020

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Limberis, Paul, , ,**

Mailing Address 13199 E. Montview Boulevard  
#100

City  
Aurora

State  
CO

Zip Code  
80045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Colorado

Occupation (for Individual)  
Pharmacy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2020

Transaction ID : SA11AI.5110

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Philbin, Christopher, , ,**

Mailing Address 800 Boylston St  
Prudential Center FI 11

City  
Boston

State  
MA

Zip Code  
02199

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Partners HealthCare System, In

Occupation (for Individual)  
Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2020

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

2250.00