

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

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

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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. 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

01 / 30 / 2019

Transaction ID : SA11AI.4840

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Mansour, Alexander, , ,

Mailing Address 30100 Telegraph Road
Suite 200

City Bingham Farms State MI Zip Code 48025

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
Director of Finance and Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2019

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Martens, Cynthia, , ,

Mailing Address 2016 South Alabama Avenue

City Monroeville State AL Zip Code 36461

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)
Monroe County Hospital

Occupation (for Individual)
Director of Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2019

Transaction ID : SA11AI.4858

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)..... ►

1000.00