

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

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

FOR LINE NUMBER: PAGE 382 OF 526

(check only one)

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

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NAME OF COMMITTEE (In Full)

Alkermes Inc. Political Action Committee

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

A. Powell, Justin, S, MR.,

Mailing Address 852 Winter Street

City  
WalthamState  
MAZip Code  
02451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alkermes Inc.Occupation (for Individual)  
Senior Territory Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2019

Transaction ID : A2019-2454846

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Powell, Justin, S, MR.,

Mailing Address 852 Winter Street

City  
WalthamState  
MAZip Code  
02451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alkermes Inc.Occupation (for Individual)  
Senior Territory Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2019

Transaction ID : A2019-3261857

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Powell, Justin, S, MR.,

Mailing Address 852 Winter Street

City  
WalthamState  
MAZip Code  
02451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alkermes Inc.Occupation (for Individual)  
Senior Territory Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2019

Transaction ID : A2019-3262079

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00