

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

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

FOR LINE NUMBER: PAGE 23 OF 160

(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. Bray, Jeffery, Rex, ,

Mailing Address 669 W 900 N

City
North Salt Lake

State
UT

Zip Code
84054-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medquest Pharmacy

Occupation (for Individual)
Pharmacy Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2018

Transaction ID : 2018112718174-103

Amount of Each Receipt this Period

4000.00

☐ Memo Item

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

B. Brennan, Joe, , ,

Mailing Address PO Box 24389
50 Jet View Dr

City
Rochester

State
NY

Zip Code
14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rochester Drug Cooperative, Inc.

Occupation (for Individual)
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2018

Transaction ID : 2018112718174-155

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. Brennan, Joe, , ,

Mailing Address PO Box 24389
50 Jet View Dr /

City
Rochester

State
NY

Zip Code
14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rochester Drug Cooperative, Inc.

Occupation (for Individual)
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2018

Transaction ID : 2018112919214-36

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

4070.00