

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 39
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

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

A. Bray, Jeffery, , ,

Mailing Address 3555 Wagon Wheel Way

City
Park CityState
UTZip Code
84098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedQuest PharmacyOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2018

Transaction ID : C3675526

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Tomaka, Norman, P., ,

Mailing Address 1977 Player Cir N

City
MelbourneState
FLZip Code
32935-4416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health First Inc.Occupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2018

Transaction ID : C3679167

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Carlson, Raymond, R., ,

Mailing Address 2375 S Hubbard Rd

City
LowellvilleState
OHZip Code
44436-9525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APhAOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2018

Transaction ID : C3679827

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

350.00