

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

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

FOR LINE NUMBER: PAGE 18 OF 100

(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. Bradshaw, Bianca, , ,

Mailing Address 401 Walnut St

City
Red BluffState
CAZip Code
96080-0520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elmore PharmacyOccupation (for Individual)
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2017

Transaction ID : 20171103105812-40

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bray, Jeffery, Rex, ,

Mailing Address 669 W 900 N

City
N Salt Lake CityState
UTZip Code
84054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medquest PharmacyOccupation (for Individual)
Pharmacy Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017

Transaction ID : 20171103105812-41

Amount of Each Receipt this Period

500.00

☐ 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
RochesterState
NYZip Code
14624-0389FEC 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 ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2017

Transaction ID : 20171103105812-42

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

1035.00

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