

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Andrus, Terry, , ,

Mailing Address 2000 Pepperell Parkway

City
Opelika

State
AL

Zip Code
36801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Alabama Medical Center

Occupation (for Individual)
President Emeritus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2019

Transaction ID : SA11AI.4893

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Bonck, Michael, , ,

Mailing Address 1717 S. J Street

City
Tacoma

State
WA

Zip Code
98405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHI Franciscan Health System

Occupation (for Individual)
Pharmacy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2019

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1600.00