

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)

PAGE 31 OF 49

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

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

A. Mezzetta, John, , ,

Mailing Address 681 BRdway

City
Massapequa

State
NY

Zip Code
11758-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stuart's Pharmacy

Occupation (for Individual)
Owner/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
03 / 21 / 2020

Transaction ID : 2020040914135-125

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Mintz, Martin, B., ,

Mailing Address 2 Woodchester Ct

City
Pikesville

State
MD

Zip Code
21208-6382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Pchy And Med Equipment

Occupation (for Individual)
Owner/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
03 / 21 / 2020

Transaction ID : 2020040914135-127

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Mohaghegh, Hamid, , ,

Mailing Address 100 Grove St
Ste 201

City
Worcester

State
MA

Zip Code
01605-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Family Pharmacy Management Co, Inc.

Occupation (for Individual)
President

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
03 / 21 / 2020

Transaction ID : 2020040914135-128

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00