

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Chain Drug Stores, Inc. Political Action Committee

ADDRESS (number and street) 1776 Wilson Boulevard Suite 200 Arlington VA 22209 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00022368 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [] October 15 Quarterly Report (Q3) [X] January 31 Year-End Report (YE) [] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER) (b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) [] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE) (c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S) Election on [] / [] / [] in the State of [] (d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on [] / [] / [] in the State of []

5. Covering Period 07 / 01 / 2023 through 12 / 31 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Fitzsimmons, David M., , ,

Signature of Treasurer Fitzsimmons, David M., , , Date 01 / 17 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Association of Chain Drug Stores, Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2023"/> | <input type="text" value="175585.16"/> | <input type="text" value="175585.16"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="256396.93"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="49519.68"/> | <input type="text" value="152511.59"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="305916.61"/> | <input type="text" value="328096.75"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="71031.41"/> | <input type="text" value="93211.55"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="234885.20"/> | <input type="text" value="234885.20"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Chain Drug Stores, Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 32725.74 | 106259.94 |
| (ii) Unitemized | 362.53 | 1140.10 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 33088.27 | 107400.04 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 15900.00 | 42400.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 48988.27 | 149800.04 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 531.41 | 2711.55 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 49519.68 | 152511.59 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 49519.68 | 152511.59 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 531.41 | 2711.55 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 531.41 | 2711.55 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 52500.00 | 74000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 18000.00 | 16500.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 71031.41 | 93211.55 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 71031.41 | 93211.55 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 48988.27 | 149800.04 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 48988.27 | 149800.04 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 531.41 | 2711.55 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 531.41 | 2711.55 |

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 6 OF 43 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 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 Association of Chain Drug Stores, Inc. Political Action Committee

A. Peterson, Theodore, L., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5031 Reed Rd
 City Oxford State MD Zip Code 21654-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CPG Linkages, LLC Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **07 / 17 / 2023**
Transaction ID : 48915450
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Staniforth, Karen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3310 Bayou Rd
 City Longboat Key State FL Zip Code 34228-3023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) Chief Pharmacy Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 18 / 2023**
Transaction ID : 48915923
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bueche, Jay, , Mr., RPh
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 646 S. Flores St
 City San Antonio State TX Zip Code 78204-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) Director of Third Party/Managed Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : 48938656
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1450.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**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 7 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Narveson, Robert, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6055 Nathan Ln N Ste 200
 City Plymouth State MN Zip Code 55442-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 03 / 2023
Transaction ID : 48947419
 Amount of Each Receipt this Period 625.00
 Memo Item

B. Huseby, Todd, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 W Monroe St Fl 41
 City Chicago State IL Zip Code 60606-5087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kearney Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 08 / 06 / 2023
Transaction ID : 48975683
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Lindholz, Colleen, Renee, Mrs., RPh
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Race St Fl 5
 City Cincinnati State OH Zip Code 45202-2347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Kroger Co. Occupation (for Individual) President, Kroger Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 08 / 07 / 2023
Transaction ID : 48975796
 Amount of Each Receipt this Period 450.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1575.00 |
| TOTAL This Period (last page this line number only)..... | |

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 8 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Falk, David, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2245 W Mound Rd
 City Decatur State IL Zip Code 62526-9367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sav-Mor Pharmacies Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 08 / 2023**
Transaction ID : 48976218
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Koo, Peter, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6555 State Highway 161
 City Irving State TX Zip Code 75039-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Mart Occupation (for Individual) Vice President and General Manager, F
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 09 / 2023**
Transaction ID : 48977312
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Venugopal, Kamesh, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Meredith Drive, Suite 101A Suite 101A
 City Durham State NC Zip Code 27713-2287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encube Ethicals, Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 10 / 2023**
Transaction ID : 48981723
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 9 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Osborn, William, Earl, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 W Central Ave
 City Miami State OK Zip Code 74354-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Osborn Drugs, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 14 / 2023
Transaction ID : 48986798
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Emerson, Scott, R., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 E Lancaster Ave
 City Wayne State PA Zip Code 19087-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Emerson Group Occupation (for Individual) Corporate President, Chairman, and Cf
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 29 / 2023
Transaction ID : 49077403
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Narveson, Robert, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6055 Nathan Ln N Ste 200
 City Plymouth State MN Zip Code 55442-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1875.00

Date of Receipt 11 / 03 / 2023
Transaction ID : 49352042
 Amount of Each Receipt this Period 625.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2125.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 10 OF 43 |
| | <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)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Ecker, Heidi, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President of Government, Politica
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 05 / 2023
Transaction ID : 49353063
 Amount of Each Receipt this Period
 450.00
 Memo Item

B. Krese, Chris, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) SVP Congressional Relations and Com
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 12 / 22 / 2023
Transaction ID : 49735282
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Butt, Stephen, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 646 S. Flores Street
 City San Antonio State TX Zip Code 78204-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) President, Central Market Division
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 12 / 19 / 2023
Transaction ID : 49741133
 Amount of Each Receipt this Period
 5000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7950.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 11 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Boyan, Craig, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 646 S. Flores St
 City San Antonio State TX Zip Code 78204-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) President, COO and Chief Strategic Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : 49741135
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Butt, Howard, , Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 646 S. Flores St
 City San Antonio State TX Zip Code 78204-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) Senior Vice President, Supermarkets, M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : 49741137
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Fitzsimmons, David, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Finance and Adr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1054896268571
 Amount of Each Receipt this Period
 1249.95
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 11249.95 |
| TOTAL This Period (last page this line number only)..... | |

**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 12 OF 43 |
| | <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)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Guckian, Sandra, Kay, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd Ste 200

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State VA | Zip Code 22209-2516 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) National Association of Chain Drug Sto | Occupation (for Individual) Vice President, State Pharmacy and Ad |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR1054896968571

Amount of Each Receipt this Period
1249.95

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

B. Perlowski, Steve, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd Ste 200

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State VA | Zip Code 22209-2516 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) National Association of Chain Drug Sto | Occupation (for Individual) Vice President, Industry Affairs & Mem |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR1054897368571

Amount of Each Receipt this Period
182.52

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

C. Whitman, James, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd Ste 200

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State VA | Zip Code 22209-2516 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) National Association of Chain Drug Sto | Occupation (for Individual) Senior Vice President, Member Prograr |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR1054897968571

Amount of Each Receipt this Period
1249.95

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2682.42 |
| TOTAL This Period (last page this line number only)..... | |

**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 13 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Arth, Terrence, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Member Programs & Se
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1055162968571
 Amount of Each Receipt this Period 182.52
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. Nicholson, Kevin, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President of Public Policy, Regul
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1055174768571
 Amount of Each Receipt this Period 249.99
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. Anderson, Steve, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2202229368571
 Amount of Each Receipt this Period 2500.75
 Memo Item
 P/R Deduction (\$193.75 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 2933.26
TOTAL This Period (last page this line number only).....▶

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 14 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Knotts, Leigh, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Main St Ste C
 City Elgin State SC Zip Code 29045-8844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, State Government Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576388168571
 Amount of Each Receipt this Period
 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Ayotte, Michael, Joseph, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) SVP Pharmacy, Transformation and Ac
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2779911768571
 Amount of Each Receipt this Period
 500.11
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 760.11 |
| TOTAL This Period (last page this line number only)..... | 32725.74 |

**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 15 OF 43 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Independent Pharmacy Cooperative - IPAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1550 Columbus St

| | | |
|---------------------|-------------|------------------------|
| City Sun Prairie | State WI | Zip Code 53590-3901 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00508309

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 29 | | 2023 |

Transaction ID : 49101132

Amount of Each Receipt this Period
900.00

Memo Item

B. McKesson Corp. Employees Political Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address One Post Street
32nd Floor

| | | |
|-----------------------|-------------|-------------------|
| City San Francisco | State CA | Zip Code 94104 |
|-----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 12 | | 2023 |

Transaction ID : 49108682

Amount of Each Receipt this Period
5000.00

Memo Item

C. Rite Aid Corp. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. Box 3165

| | | |
|--------------------|-------------|-------------------|
| City Harrisburg | State PA | Zip Code 17105 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 19 | | 2023 |

Transaction ID : 49132797

Amount of Each Receipt this Period
2500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**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 16 OF 43 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Kinney Drugs for a Healthier America PAC

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

Mailing Address 29 East Main Street

| | | |
|--------------------|-------------|-------------------|
| City Gouverneur | State NY | Zip Code 13642 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00549162

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 19 | / | 2023 |

Transaction ID : 49234294

Amount of Each Receipt this Period
5000.00

Memo Item

B. Publix Super Markets, Inc. Associates PAC

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

Mailing Address P.O. Box 407

| | | |
|------------------|-------------|-------------------|
| City Lakeland | State FL | Zip Code 33802 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00400705

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 19 | / | 2023 |

Transaction ID : 49741138

Amount of Each Receipt this Period
2500.00

Memo Item

C.

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 7500.00 |
| TOTAL This Period (last page this line number only)..... | 15900.00 |

**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 17 OF 43 |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. National Association of Chain Drug Stores

Mailing Address 1776 Wilson Blvd. Suite 200

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2243.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2023 |

Transaction ID : 48897329

Amount of Each Receipt this Period
62.95

Memo Item

Jul.23 - AMEX Fees Reimb.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. National Association of Chain Drug Stores

Mailing Address 1776 Wilson Blvd. Suite 200

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.19

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2023 |

Transaction ID : 48897330

Amount of Each Receipt this Period
64.10

Memo Item

Jul.23 - VI/MC Fees Reimb.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. National Association of Chain Drug Stores

Mailing Address 1776 Wilson Blvd. Suite 200

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2378.07

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 30 | | 2023 |

Transaction ID : 49077717

Amount of Each Receipt this Period
16.80

Memo Item

Aug.23 - AMEX Fees Reimb.

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 143.85 |
| TOTAL This Period (last page this line number only)..... | |

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 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. National Association of Chain Drug Stores
 Mailing Address 1776 Wilson Blvd. Suite 200
 City Arlington State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2361.27

Date of Receipt
 08 / 10 / 2023
Transaction ID : 49105160
 Amount of Each Receipt this Period
 54.08
 Memo Item
 Aug.23 - VI/MC Fees Reimb.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. National Association of Chain Drug Stores
 Mailing Address 1776 Wilson Blvd. Suite 200
 City Arlington State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2405.24

Date of Receipt
 09 / 19 / 2023
Transaction ID : 49133003
 Amount of Each Receipt this Period
 27.17
 Memo Item
 Sep.23 - AMEX Fees Reimb.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. National Association of Chain Drug Stores
 Mailing Address 1776 Wilson Blvd. Suite 200
 City Arlington State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 2599.40

Date of Receipt
 09 / 19 / 2023
Transaction ID : 49133759
 Amount of Each Receipt this Period
 194.16
 Memo Item
 Sep.23 - VI/MC Fees Reimb.

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.41
TOTAL This Period (last page this line number only)..... ▶

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 19 OF 43 |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. National Association of Chain Drug Stores

Mailing Address 1776 Wilson Blvd. Suite 200

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2659.60

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 13 | | 2023 |

Transaction ID : 49243222

Amount of Each Receipt this Period
60.20

Memo Item

Oct.23 - Merchant Fees Reimb.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. National Association of Chain Drug Stores

Mailing Address 1776 Wilson Blvd. Suite 200

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22209 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2711.55

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 14 | | 2023 |

Transaction ID : 49408094

Amount of Each Receipt this Period
51.95

Memo Item

Nov.23 - Merchant Fees Reimb.

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 112.15 |
| TOTAL This Period (last page this line number only)..... | 531.41 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Jul.23 - VI/MC Fees

001

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 1 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48897331

Amount of Each Disbursement this Period

[REDACTED] 64.10

Memo Item Jul.23 - VI/MC Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Jul.23 - AMEX Fees

001

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 1 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48897332

Amount of Each Disbursement this Period

[REDACTED] 62.95

Memo Item Jul.23 - AMEX Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Aug.23 - AMEX Fees

001

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 8 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48976527

Amount of Each Disbursement this Period

[REDACTED] 16.80

Memo Item Aug.23 - AMEX Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 143.85

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Sep23 - AMEX Fees

001

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 49101801

Amount of Each Disbursement this Period

[REDACTED] 27.17

Memo Item Sep23 - AMEX Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Aug.23 - VI/MC Fees

001

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 8 | 1 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 49105161

Amount of Each Disbursement this Period

[REDACTED] 54.08

Memo Item Aug.23 - VI/MC Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Sep.23 - VISA Fees

001

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 9 | 1 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 49234298

Amount of Each Disbursement this Period

[REDACTED] 194.16

Memo Item Sep.23 - VISA Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 275.41

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Oct.23 - Merchant Fees

001

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 13 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49243221

Amount of Each Disbursement this Period

[] 60.20

Memo Item Oct.23 - Merchant Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Nov.23 - Merchant Fees

001

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 11 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49408092

Amount of Each Disbursement this Period

[] 51.95

Memo Item Nov.23 - Merchant Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 112.15

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

[] 531.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | 1 | 2 | | 2 | 0 | 2 | 3 | | |

Mailing Address 1126 Avenue A
Ste 6

City
Scottsbluff

State
NE

Zip Code
69361-3563

FEC Identification Number

C C00412890

Transaction ID : 48897916

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Adrian, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: NE District: 03

Full Name (Last, First, Middle Initial)

B. Marsha For Senate

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 | | |

Mailing Address PO Box 3750

City
Brentwood

State
TN

Zip Code
37024

FEC Identification Number

C C00376939

Transaction ID : 49101828

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blackburn, Marsha, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

C. Womack For Congress Committee

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 | | |

Mailing Address PO Box 508

City
Rogers

State
AR

Zip Code
72757-0508

FEC Identification Number

C C00477745

Transaction ID : 49101840

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Womack, Steve, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: AR District: 03

SUBTOTAL of Disbursements This Page (optional).....▶

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

5500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address 1220 Sw Morrison St Ste 910

City Portland State OR Zip Code 97205

Purpose of Disbursement

Category/Type: 011

Candidate Name

Wyden, Ron, , Sen.,

Office Sought: House, Senate (checked), President

Disbursement For: 2028 Primary (checked), General, Other

State: OR District:

Date of Disbursement

Date: 09 / 06 / 2023

FEC Identification Number

C00308676

Transaction ID : 49101843

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Armstrong For Congress

Mailing Address 1515 Burnt Boat Drive Box 112

City Bismarck State ND Zip Code 58503

Purpose of Disbursement

Category/Type: 011

Candidate Name

Armstrong, Kelly, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary (checked), General, Other

State: ND District: 01

Date of Disbursement

Date: 09 / 13 / 2023

FEC Identification Number

C00670547

Transaction ID : 49109766

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Beth Van Duyne For Congress

Mailing Address PO Box 630167

City Irving State TX Zip Code 75063

Purpose of Disbursement

Category/Type: 011

Candidate Name

Van Duyne, Beth, , Rep.,

Office Sought: House (checked), Senate, President

Disbursement For: 2024 Primary (checked), General, Other

State: TX District: 24

Date of Disbursement

Date: 09 / 13 / 2023

FEC Identification Number

C00714865

Transaction ID : 49109767

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blake Moore For Congress

Mailing Address 358 South 700 E B505

City Salt Lake City State UT Zip Code 84102

Purpose of Disbursement

011

Candidate Name

Moore, Blake, , Rep.,

Office Sought: [X] House [] Senate [] President State: UT District: 01

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date of Disbursement: 09 / 13 / 2023

FEC Identification Number

C00738872

Transaction ID : 49109768

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Candidate Name

Casey, Bob, , Sen.,

Office Sought: [] House [X] Senate [] President State: PA District:

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date of Disbursement: 09 / 13 / 2023

FEC Identification Number

C00431056

Transaction ID : 49109769

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Carol For Congress

Mailing Address 228 S. Washington Street Suite 115

City Alexandria State WV Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Miller, Carol, , Rep.,

Office Sought: [X] House [] Senate [] President State: WV District: 01

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date of Disbursement: 09 / 13 / 2023

FEC Identification Number

C00653220

Transaction ID : 49109770

Amount of Each Disbursement this Period

1000.00

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W Platt Street, #385

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement

011

Candidate Name

Castor, Kathy, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00410761

Transaction ID : 49109771

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City
Spokane

State
WA

Zip Code
99210-0137

Purpose of Disbursement

011

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: WA District: 05

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00390476

Transaction ID : 49109773

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

C. Comer For Congress

Mailing Address P.O. Box 338

City
Tompkinsville

State
KY

Zip Code
42167

Purpose of Disbursement

011

Candidate Name

Comer, James, , Rep., Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00588764

Transaction ID : 49109776

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 1566

City: Indio State: CA Zip Code: 92202

Purpose of Disbursement

Category/
Type

Candidate Name
Ruiz, Raul, , Rep., M.D.

Office Sought: House Senate President
State: CA District: 25

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49109777

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Ferguson For Congress Inc.

Mailing Address PO Box 71067

City: Newnan State: GA Zip Code: 30271

Purpose of Disbursement

Category/
Type

Candidate Name
Ferguson, Drew, , Rep., IV

Office Sought: House Senate President
State: GA District: 03

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49109778

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Pannill Fletcher For Congress

Mailing Address 3262 Westheimer Rd
#636

City: Houston State: TX Zip Code: 77098

Purpose of Disbursement

Category/
Type

Candidate Name
Fletcher, Lizzie, , Rep.,

Office Sought: House Senate President
State: TX District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49109780

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Feenstra For Congress

Mailing Address 641 2nd St

City Hull State IA Zip Code 51239

Purpose of Disbursement

Category/Type 011

Candidate Name

Feenstra, Randy, , Rep.,

Office Sought: [X] House [] Senate [] President
State: IA District: 04

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

Date of Disbursement

Date of Disbursement 09 / 13 / 2023

FEC Identification Number

C00693663

Transaction ID : 49109782

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

Category/Type 011

Candidate Name

Barrasso, John, A., Sen., Dr.

Office Sought: [] House [X] Senate [] President
State: WY District:

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

Date of Disbursement

Date of Disbursement 09 / 13 / 2023

FEC Identification Number

C00436386

Transaction ID : 49109783

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Friends To Elect Dr. Greg Murphy To Congress

Mailing Address PO Box 1131

City Greenville State NC Zip Code 27835

Purpose of Disbursement

Category/Type 011

Candidate Name

Murphy, Gregory, F., Rep., M.D.

Office Sought: [X] House [] Senate [] President
State: NC District: 03

Disbursement For: 2024
[X] Primary [] General
[] Other (specify) v

Date of Disbursement

Date of Disbursement 09 / 13 / 2023

FEC Identification Number

C00697649

Transaction ID : 49109784

Amount of Each Disbursement this Period

1000.00

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

4500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 22401

City
Louisville

State
KY

Zip Code
40252

Purpose of Disbursement

011

Candidate Name

Guthrie, Brett, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00445023

Transaction ID : 49109785

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

B. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City
Alexandria

State
VA

Zip Code
22314-6233

Purpose of Disbursement

011

Candidate Name

Kaine, Tim, , Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: VA District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00495358

Transaction ID : 49109788

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Mailing Address 600 Pennsylvania Ave Se #15180

City
Washington

State
MA

Zip Code
20003

Purpose of Disbursement

011

Candidate Name

Clark, Katherine, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00541888

Transaction ID : 49109789

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Manchin For West Virginia

Mailing Address PO Box 5202

City
Charleston

State
WV

Zip Code
25361

Purpose of Disbursement

011

Candidate Name

Manchin, Joe, , Sen., III

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: WV

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

FEC Identification Number

C C00486563

Transaction ID : 49109791

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement

011

Candidate Name

Kelly, Mike, , Rep., Jr.

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2023

Primary General
 Other (specify)

State: PA

District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

FEC Identification Number

C C00474189

Transaction ID : 49109793

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Candidate Name

Tester, Jon, , Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

FEC Identification Number

C C00412304

Transaction ID : 49109796

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Morgan Griffith For Congress

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

FEC Identification Number

C C00477240

Transaction ID : 49109798

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Griffith, Morgan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: VA District: 09

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

FEC Identification Number

C C00226928

Transaction ID : 49109799

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: NJ District: 06

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 3 | | 2 | 0 | 2 | 3 |

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

FEC Identification Number

C C00412759

Transaction ID : 49109800

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: FL District: 16

SUBTOTAL of Disbursements This Page (optional).....▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barragan For Congress

Mailing Address 1840 South Gaffey Street #421

Date of Disbursement

Date field showing 10/03/2023

City San Pedro State CA Zip Code 90731

FEC Identification Number

FEC ID field showing C00577353

Transaction ID : 49147584

Amount of Each Disbursement this Period

Amount field showing 1000.00

Memo Item checkbox

Purpose of Disbursement

Category/Type field showing 011

Candidate Name

Barragan, Nanette, Diaz, Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

State: CA District: 44

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address 406 Purple Finch Dr

Date of Disbursement

Date field showing 10/03/2023

City Pooler State GA Zip Code 31322

FEC Identification Number

FEC ID field showing C00543967

Transaction ID : 49147585

Amount of Each Disbursement this Period

Amount field showing 1000.00

Memo Item checkbox

Purpose of Disbursement

Category/Type field showing 011

Candidate Name

Carter, Buddy, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

State: GA District: 01

Full Name (Last, First, Middle Initial)

C. John Curtis For Utah

Mailing Address PO Box 296

Date of Disbursement

Date field showing 10/03/2023

City Provo State UT Zip Code 84603

FEC Identification Number

FEC ID field showing C00647339

Transaction ID : 49147590

Amount of Each Disbursement this Period

Amount field showing 1000.00

Memo Item checkbox

Purpose of Disbursement

Category/Type field showing 011

Candidate Name

Curtis, John, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

State: UT District: 03

SUBTOTAL of Disbursements This Page (optional).....

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

Subtotal field showing 3000.00

Total field showing 3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Debbie Dingell For Congress

Mailing Address PO Box 972480

City Ypsilanti State MI Zip Code 48197

Purpose of Disbursement

011

Candidate Name

Dingell, Debbie, , Rep.,

Office Sought: [X] House [] Senate [] President State: MI District: 06

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

Date of Disbursement

Date field: 10 / 03 / 2023

FEC Identification Number

C00558213

Transaction ID : 49147592

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

011

Candidate Name

Schrier, Kim, , Rep., M.D.

Office Sought: [X] House [] Senate [] President State: WA District: 08

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

Date of Disbursement

Date field: 10 / 03 / 2023

FEC Identification Number

C00652628

Transaction ID : 49147595

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Lucy McBath

Mailing Address 375 Rockbridge Rd Nw Suite 172-255

City Lilburn State GA Zip Code 30047

Purpose of Disbursement

011

Candidate Name

McBath, Lucy, , Rep.,

Office Sought: [X] House [] Senate [] President State: GA District: 07

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

Date of Disbursement

Date field: 10 / 03 / 2023

FEC Identification Number

C00672295

Transaction ID : 49147599

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

Subtotal field: 3000.00

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

Total field: (empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Palmer For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2023 |

Mailing Address 1919 Oxmoor Rd #235

| | | |
|------------------|-------------|-------------------|
| City Homewood | State AL | Zip Code 35209 |
|------------------|-------------|-------------------|

FEC Identification Number

| | |
|---|-----------|
| C | C00551374 |
|---|-----------|

Transaction ID : 49147601

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Palmer, Gary, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: AL District: 06

Full Name (Last, First, Middle Initial)

B. Kat For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2023 |

Mailing Address 5200 Nw 43rd St Ste 102-180

| | | |
|---------------------|-------------|-------------------|
| City Gainesville | State FL | Zip Code 32606 |
|---------------------|-------------|-------------------|

FEC Identification Number

| | |
|---|-----------|
| C | C00730895 |
|---|-----------|

Transaction ID : 49147602

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cammack, Kat, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 03

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2023 |

Mailing Address 911 Central Avenue # 221

| | | |
|----------------|-------------|-------------------|
| City Albany | State NY | Zip Code 12206 |
|----------------|-------------|-------------------|

FEC Identification Number

| | |
|---|-----------|
| C | C00450049 |
|---|-----------|

Transaction ID : 49147605

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District: 20

SUBTOTAL of Disbursements This Page (optional).....▶

| |
|---------|
| 3000.00 |
|---------|

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati

State OH

Zip Code 45209-0551

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wenstrup, Brad, , Rep., M.D.

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: OH

District: 02

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 03 | | | 2023 | | | | | |

FEC Identification Number

C C00497818

Transaction ID : 49147606

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

1000.00

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

52500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Perry for State Senate Campaign

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 |

Mailing Address PO Box 94806

City Lubbock State TX Zip Code 79493

FEC Identification Number

C []

Transaction ID : 49101821

Amount of Each Disbursement this Period

[] 1300.00

Purpose of Disbursement
Charles Perry, STATE SENATE 28th TX

011
Category/
Type

Candidate Name
Perry, Charles, , TX Sen.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item Charles Perry, STATE SENATE 28th TX

Full Name (Last, First, Middle Initial)

B. Donna Howard Campaign

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 |

Mailing Address PO Box 5375

City Austin State TX Zip Code 78763

FEC Identification Number

C []

Transaction ID : 49101823

Amount of Each Disbursement this Period

[] 750.00

Purpose of Disbursement
Donna Howard, STATE HOUSE 48th TX

011
Category/
Type

Candidate Name
Howard, Donna, , TX Rep.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item Donna Howard, STATE HOUSE 48th TX

Full Name (Last, First, Middle Initial)

C. Dustin Burrows Campaign

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 |

Mailing Address PO Box 2569

City Lubbock State TX Zip Code 79408

FEC Identification Number

C []

Transaction ID : 49101825

Amount of Each Disbursement this Period

[] 1300.00

Purpose of Disbursement
Dustin Burrows, STATE HOUSE 83rd TX

011
Category/
Type

Candidate Name
Burrows, Dustin, , TX Rep.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item Dustin Burrows, STATE HOUSE 83rd TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 3350.00

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacey Jetton Campaign

Mailing Address 1723 Hearthside Court

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2023 |

City Richmond State TX Zip Code 77406

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 49101826

Amount of Each Disbursement this Period

| |
|--------|
| 750.00 |
|--------|

Purpose of Disbursement Fanny Jetton, STATE HOUSE 26th TX
Candidate Name Jetton, Fanny, , TX Rep.,
Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

| |
|-----|
| 011 |
|-----|

Category/
Type

Memo Item TX Fanny Jetton, STATE HOUSE 26th

Full Name (Last, First, Middle Initial)

B. James Frank Campaign

Mailing Address 3808 B. Kemp Blvd., Suite 321

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2023 |

City Wichita Falls State TX Zip Code 76308

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 49101827

Amount of Each Disbursement this Period

| |
|--------|
| 750.00 |
|--------|

Purpose of Disbursement James Frank, STATE HOUSE 69th TX
Candidate Name Frank, James, , TX Rep.,
Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

| |
|-----|
| 011 |
|-----|

Category/
Type

Memo Item TX James Frank, STATE HOUSE 69th

Full Name (Last, First, Middle Initial)

C. Morgan LaMantia Campaign

Mailing Address 1324 E. Madison Ave.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2023 |

City Brownsville State TX Zip Code 78520

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 49101829

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement Morgan LaMantia, STATE SENATE 27th TX
Candidate Name LaMantia, Morgan, , TX Sen.,
Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

| |
|-----|
| 011 |
|-----|

Category/
Type

Memo Item TX Morgan LaMantia, STATE SENATE 27th TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 2500.00 |
|---------|

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

| |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Flores Campaign

Mailing Address 1005 Congress Ave Ste 580

City Austin State TX Zip Code 78701

Purpose of Disbursement
Pete Flores, STATE SENATE 24th TX Category/Type

Candidate Name
Flores, Pete, , TX Sen.,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 06 / 2023

FEC Identification Number

Transaction ID : 49101831
Amount of Each Disbursement this Period

 Memo Item Pete Flores, STATE SENATE 24th TX

Full Name (Last, First, Middle Initial)

B. Sam Harless Campaign

Mailing Address 15814 Champion Forest PMB #312

City Spring State TX Zip Code 77379

Purpose of Disbursement
Sam Harless, STATE HOUSE 126th TX Category/Type

Candidate Name
Harless, Sam, , TX Rep.,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 06 / 2023

FEC Identification Number

Transaction ID : 49101834
Amount of Each Disbursement this Period

 Memo Item Sam Harless, STATE HOUSE 126th TX

Full Name (Last, First, Middle Initial)

C. Stephanie Klick Campaign

Mailing Address PO Box 7592

City Ft. Worth State TX Zip Code 76111

Purpose of Disbursement
Stephanie Klick, STATE HOUSE 91st TX Category/Type

Candidate Name
Klick, Stephanie, , TX Rep.,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 06 / 2023

FEC Identification Number

Transaction ID : 49101836
Amount of Each Disbursement this Period

 Memo Item Stephanie Klick, STATE HOUSE 91st TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Texans for Dade Phelan

Mailing Address PO Box 848

City
Nederland

State
TX

Zip Code
77627

Purpose of Disbursement
Dade Phelan, STATE HOUSE 21st TX

Category/
Type

Candidate Name
Phelan, Dade, , TX Rep.,

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 |

FEC Identification Number

Transaction ID : 49101837

Amount of Each Disbursement this Period

Memo Item TX Dade Phelan, STATE HOUSE 21st

Full Name (Last, First, Middle Initial)

B. The Borris Miles Campaign

Mailing Address 5302 Alameda Road Suite A.

City
Houston

State
TX

Zip Code
77004

Purpose of Disbursement
Borris Miles, STATE SENATE 13th TX

Category/
Type

Candidate Name
Miles, Borris, , TX Sen.,

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 2 | 3 |

FEC Identification Number

Transaction ID : 49101838

Amount of Each Disbursement this Period

Memo Item TX Borris Miles, STATE SENATE 13th

Full Name (Last, First, Middle Initial)

C. Texans for Dade Phelan

Mailing Address PO Box 848

City
Nederland

State
TX

Zip Code
77627

Purpose of Disbursement
Void - Texans for Dade Phelan

Category/
Type

Candidate Name
Phelan, Dade, , TX Rep.,

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | | 2 | | 2 | 0 | 2 | 3 |

FEC Identification Number

Transaction ID : 49133914

Amount of Each Disbursement this Period

Memo Item Void - Texans for Dade Phelan

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Citizens for Jordan Harris

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 32097

City Philadelphia State PA Zip Code 19146

Purpose of Disbursement
Jordan Harris, STATE HOUSE 186th PA

Candidate Name
Harris, Jordan, , PA Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2023

FEC Identification Number: C
Transaction ID : 49147587
Amount of Each Disbursement this Period: 1000.00

Memo Item Jordan Harris, STATE HOUSE 186th PA

B. Friends of Joe Pittman

Full Name (Last, First, Middle Initial)
Mailing Address 119 S 3rd Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Joe Pittman, STATE SENATE 41st PA

Candidate Name
Pittman, Joe, , PA Sen.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2023

FEC Identification Number: C
Transaction ID : 49147597
Amount of Each Disbursement this Period: 1000.00

Memo Item Joe Pittman, STATE SENATE 41st PA

C. Linda Chaney Campaign

Full Name (Last, First, Middle Initial)
Mailing Address Political Accounting Group
2055 NW Diamond Creek Way

City Jensen Beach State FL Zip Code 34957

Purpose of Disbursement
Linda Chaney, STATE HOUSE 61st FL

Candidate Name
Chaney, Linda, , FL Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2023

FEC Identification Number: C
Transaction ID : 49147603
Amount of Each Disbursement this Period: 1000.00

Memo Item Linda Chaney, STATE HOUSE 61st FL

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lois W. Kolkhorst Campaign

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 03 | | 2023 |

Mailing Address P.O. Box 2546

City Brenham State TX Zip Code 77834

FEC Identification Number

C [REDACTED]

Transaction ID : 49147604

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Purpose of Disbursement
Lois Kolkhorst, STATE SENATE 18th TX

011
Category/
Type

Candidate Name
Kolkhorst, Lois, , TX Sen.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item Lois Kolkhorst, STATE SENATE 18th TX

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pittman

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 31 | | 2023 |

Mailing Address 119 S 3rd Street

City Indiana State PA Zip Code 15701

FEC Identification Number

C [REDACTED]

Transaction ID : 49261324

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

Purpose of Disbursement
Void - Friends of Joe Pittman

011
Category/
Type

Candidate Name
Pittman, Joe, , PA Sen.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item Void - Friends of Joe Pittman

Full Name (Last, First, Middle Initial)

C. Citizens for Jordan Harris

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 31 | | 2023 |

Mailing Address P.O. Box 32097

City Philadelphia State PA Zip Code 19146

FEC Identification Number

C [REDACTED]

Transaction ID : 49261325

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

Purpose of Disbursement
Void - Citizens for Jordan Harris

011
Category/
Type

Candidate Name
Harris, Jordan, , PA Rep.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item Void - Citizens for Jordan Harris

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 0.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Jordan Harris

Mailing Address P.O. Box 32097

City Philadelphia

State PA

Zip Code 19146

Purpose of Disbursement
Jordan Harris, STATE HOUSE 186th PA

011
Category/
Type

Candidate Name
Harris, Jordan, , PA Rep.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 01 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49261662

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item Jordan Harris, STATE HOUSE 186th PA

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pittman

Mailing Address 119 S 3rd Street

City Indiana

State PA

Zip Code 15701

Purpose of Disbursement
Joe Pittman, STATE SENATE 41st PA

011
Category/
Type

Candidate Name
Pittman, Joe, , PA Sen.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 01 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49261663

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item Joe Pittman, STATE SENATE 41st PA

Full Name (Last, First, Middle Initial)

C. Friends of Scott Lipps

Mailing Address 3757 McLean Road

City Franklin

State OH

Zip Code 45005

Purpose of Disbursement
Scott Lipps, STATE HOUSE 55th OH

011
Category/
Type

Candidate Name
Lipps, Scott, , OH Rep.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 05 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49593353

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item Scott Lipps, STATE HOUSE 55th OH

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

| | |
|------------|---------|
| [REDACTED] | 3000.00 |
|------------|---------|

| | |
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| [REDACTED] | |
|------------|--|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Susan Manchester

Mailing Address 29566 SR 385

City
Lakeview

State
OH

Zip Code
43331

Purpose of Disbursement

Susan Manchester, STATE HOUSE 78th OH

011

Candidate Name

Manchester, Susan, , OH Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 05 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49593354

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Susan Manchester, STATE HOUSE 78th OH

Full Name (Last, First, Middle Initial)

B. Romanchuk for Ohio

Mailing Address 4679 Winterset Drive

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement

Mark Romanchuk, STATE SENATE 22nd OH

011

Candidate Name

Romanchuk, Mark, , OH Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 05 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49593355

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Mark Romanchuk, STATE SENATE 22nd OH

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| | | | | | | | | | |

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[] 2000.00

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

[] 18000.00