

# 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)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- 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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 David M. Fitzsimmons

Signature of Treasurer David M. Fitzsimmons [Electronically Filed] Date 01 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  |                         | 84465.47                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 57847.86                |                                   |
| (c) Total Receipts (from Line 19) .....  | 100138.38               | 212466.73                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 157986.24               | 296932.20                         |
| 7. Total Disbursements (from Line 31).....   | 59135.41                | 198081.37                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 98850.83                | 98850.83                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 84981.80                      | 171437.51                         |
| (ii) Unitemized .....   | 1147.53                       | 3611.99                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 86129.33                      | 175049.50                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 12500.00                      | 33500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 98629.33                      | 208549.50                         |
| 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                          | 2396.12                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 1509.05                       | 1521.11                           |
| 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))..... ▶                        | 100138.38                     | 212466.73                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 100138.38                     | 212466.73                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 1385.41                       | 3831.37                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1385.41                       | 3831.37                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 47500.00                      | 182500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....  | 10250.00                      | 11750.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(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)) ..      | 59135.41                      | 198081.37                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 59135.41                      | 198081.37                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 98629.33                      | 208549.50                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 98629.33                      | 208549.50                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 1385.41                       | 3831.37                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 2396.12                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 1385.41                       | 1435.25                           |

**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 48                 |
|   | <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  |

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. Mr. Paul C. Julian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Harbour Place  
 Suite 395  
 City Portsmouth State NH Zip Code 03801-3873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McKesson Corporation Occupation Executive Vice President, Group Presid  
 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  
 07 / 15 / 2015  
**Transaction ID : 38372130**  
 Amount of Each Receipt this Period  
 2500.00

**B. Mr. Mark E. Griffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2701 S Minnesota Ave Ste 1  
 City Sioux Falls State SD Zip Code 57105-4746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lewis Drugs, Inc. Occupation President and Chief Executive Officer  
 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  
 07 / 21 / 2015  
**Transaction ID : 38395702**  
 Amount of Each Receipt this Period  
 5000.00

**C. Ms. Sharon Sternheim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 969 Madison Ave  
 City New York State NY Zip Code 10021-2763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thriftway/Zitomer Drug Occupation President  
 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  
 07 / 22 / 2015  
**Transaction ID : 38396455**  
 Amount of Each Receipt this Period  
 4750.00

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 12250.00 |
| <b>TOTAL</b> 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 48  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Mr. Michael D. Duteau RPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 E Main St  
 City State Zip Code  
 Gouverneur NY 13642-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kinney Drugs, Inc. Director of Pharmacy Operations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : 38428350**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. David Adsit**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 E Main St  
 City State Zip Code  
 Gouverneur NY 13642-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kinney Drugs, Inc. Director of Pharmacy Operation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : 38430849**  
 Amount of Each Receipt this Period  
 365.00

**C. Mrs. Helena Foulkes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cvs Dr  
 City State Zip Code  
 Woonsocket RI 02895-6146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CVS Caremark Corporation Senior VP Health Care Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : 38430961**  
 Amount of Each Receipt this Period  
 1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1865.00 |
| <b>TOTAL</b> 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 48                 |
|   | <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**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Yong Choe</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 26 / 2015<br><b>Transaction ID : 38511583</b> |
| Mailing Address 1001 L Street NW #610   |   | Amount of Each Receipt this Period<br>500.00  |
| City Washington   | State DC  | Zip Code 20001-6308   |
| FEC ID number of contributing federal political committee.  | C   |   |
| Name of Employer<br>Rite Aid Corporation  | Occupation<br>Vice President Government Affairs |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00              |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Scott Jacobson</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 26 / 2015<br><b>Transaction ID : 38511585</b> |
| Mailing Address 30 Hunter Lane  |   | Amount of Each Receipt this Period<br>365.00  |
| City Camp Hill  | State PA  | Zip Code 17011-2400   |
| FEC ID number of contributing federal political committee.  | C   |   |
| Name of Employer<br>Rite Aid Corporation  | Occupation<br>Vice President, Pharmacy Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00                |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Peter Koo</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 26 / 2015<br><b>Transaction ID : 38511587</b> |
| Mailing Address 4025 Delridge Way SW Suite 400  |   | Amount of Each Receipt this Period<br>365.00  |
| City Seattle  | State WA  | Zip Code 98106-1273   |
| FEC ID number of contributing federal political committee.  | C   |   |
| Name of Employer<br>Bartell Drug Company, The   | Occupation<br>Senior Vice-President of Pharmacy |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00              |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1230.00 |
| <b>TOTAL</b> 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 48  |
| <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**

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Tammy Anne Royer</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 26 / 2015<br><b>Transaction ID : 38511590</b> |
| Mailing Address 37 Bourbon Red Drive  |                                     | Amount of Each Receipt this Period<br>2500.00  |
| City Mechanicsburg  | State PA                            | Zip Code 17050-7952  |
| FEC ID number of contributing federal political committee.  | C                                   |  |
| Name of Employer<br>Rite Aid Corporation  | Occupation<br>V.P. RX Initiatives   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Craig Norman</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 26 / 2015<br><b>Transaction ID : 38511815</b> |
| Mailing Address 6 Queens HL   |   | Amount of Each Receipt this Period<br>2000.00  |
| City San Antonio  | State TX                                      | Zip Code 78257-1724  |
| FEC ID number of contributing federal political committee.  | C   |  |
| Name of Employer<br>H-E-B   | Occupation<br>Senior Vice President, Pharmacy |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00           |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Craig Boyan</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 27 / 2015<br><b>Transaction ID : 38700128</b> |
| Mailing Address 605 Garraty Road  |                                       | Amount of Each Receipt this Period<br>5000.00  |
| City San Antonio  | State TX                              | Zip Code 78209-6148  |
| FEC ID number of contributing federal political committee.  | C                                     |  |
| Name of Employer<br>H-E-B   | Occupation<br>Chief Operating Officer |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 9500.00 |
| <b>TOTAL</b> 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 48   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Ms. Carol Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Senior Vice President, Government Affa  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2505.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : 38700129**  
 Amount of Each Receipt this Period  
 700.00

**B. Mr. Randy Edeker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3703 133rd Street  
 City Urbandale State IA Zip Code 50323-2175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hy-Vee Inc.  
 Occupation Chairman, CEO and President  
 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  
 10 / 27 / 2015  
**Transaction ID : 38700246**  
 Amount of Each Receipt this Period  
 5000.00

**C. Dr. Justin Heiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16198 73rd Place North  
 City Maple Grove State MN Zip Code 55311-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thrifty White Stores  
 Occupation SVP Pharmacy  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : 38763028**  
 Amount of Each Receipt this Period  
 1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6700.00 |
| <b>TOTAL</b> 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 48                |
|   | <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             | <input type="checkbox"/> 17  |

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

**A. Mr. Larry J. Merlo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Cvs Dr

City Woonsocket State RI Zip Code 02895-6146

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

Name of Employer CVS Caremark Corporation Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
11 / 17 / 2015  
**Transaction ID : 38763030**

Amount of Each Receipt this Period  
5000.00

**B. Mr. Dave A. Rueter**  
Full Name (Last, First, Middle Initial)

Mailing Address 6055 Nathan Lane #200

City Plymouth State MN Zip Code 55442-1675

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

Name of Employer Thrifty White Stores Occupation VP of Personnel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
11 / 17 / 2015  
**Transaction ID : 38763071**

Amount of Each Receipt this Period  
1000.00

**C. Mr. Charles C. Butt**  
Full Name (Last, First, Middle Initial)

Mailing Address 335 King William

City San Antonio State TX Zip Code 78204-1210

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

Name of Employer H-E-B Occupation Chairman and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
11 / 18 / 2015  
**Transaction ID : 38766955**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00

**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 12 OF 48   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Mr. Richard Gates**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Durham Court  
 City Lake Forest State IL Zip Code 60045-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walgreen Co. Occupation Vice President, Pharmacy Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2015  
**Transaction ID : 38775745**  
 Amount of Each Receipt this Period 1000.00

**B. Mr. Timothy Weippert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6055 Nathan Lane North  
 City Plymouth State MN Zip Code 55442-1674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thrifty White Stores Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 24 / 2015  
**Transaction ID : 38781738**  
 Amount of Each Receipt this Period 4000.00

**C. Mr. Robert J. Narveson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20984 Fresno Street NW  
 City Elk River State MN Zip Code 55330-8751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thrifty White Stores Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 24 / 2015  
**Transaction ID : 38781740**  
 Amount of Each Receipt this Period 5000.00

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 10000.00 |
| <b>TOTAL</b> 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 48   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mr. Jeff Lindoo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Ridgewood Dr NW  
 City Alexandria State MN Zip Code 56308-4947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thrifty White Stores Occupation Executive Vice President, Long Term He  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : 38790473**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Tim Erdle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16901 Northridge Ave. N  
 City Marine On Saint Croix State MN Zip Code 55047-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thrifty White Stores Occupation Vice President, Operations and Marketi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 01 / 2015  
**Transaction ID : 38795300**  
 Amount of Each Receipt this Period 1000.00

**C. Mr. Matthew Ode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5985 Yucca Lane N.  
 City Plymouth State MN Zip Code 55446-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thrifty White Stores Occupation Vice President of Information Technolo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 08 / 2015  
**Transaction ID : 38847194**  
 Amount of Each Receipt this Period 2000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3500.00 |
| <b>TOTAL</b> 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 48                |
|   | <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**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Charles Greener</b>  |  | Date of Receipt   |
| Mailing Address 112 Oak Terrace   |  | <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/> |
| City State Zip Code<br>Lake Bluff IL 60044-2718   |  | <b>Transaction ID : 38852753</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |  | Amount of Each Receipt this Period<br><input type="text" value="2500.00"/>                            |
| Name of Employer<br>Walgreen Co.  | Occupation<br>Vice President, Corporate Affairs                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="5000.00"/> |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Carol Kelly</b>  |  | Date of Receipt   |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |  | <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City State Zip Code<br>Arlington VA 22209-2516  |  | <b>Transaction ID : 38865019</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |  | Amount of Each Receipt this Period<br><input type="text" value="689.12"/>                             |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Senior Vice President, Government Affa             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="3194.56"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Charles W. Bernard</b>   |   | Date of Receipt   |
| Mailing Address 200 Wilmot Rd   |   | <input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/> |
| City State Zip Code<br>Deerfield IL 60015-4620  |   | <b>Transaction ID : 38905856</b>  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="365.00"/>                             |
| Name of Employer<br>Walgreen Co.  | Occupation<br>Group VP Pharmacy & Retail Operations             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="365.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="3554.12"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                 |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 15 OF 48                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <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. Mr. Mark Robert Basco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6901 E Fish Lake Rd Ste 118  
 City State Zip Code  
 Maple Grove MN 55369-5454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Thrifty White Stores Executive Vice President and Chief Fin  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : 38927844**  
 Amount of Each Receipt this Period  
 1400.00

**B. Mr. Richard Ashworth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 W. Peter Lake  
 City State Zip Code  
 Hawthorn Woods IL 60047-7512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Walgreen Co. Vice President, PBM Services  
 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 / 28 / 2015  
**Transaction ID : 38928550**  
 Amount of Each Receipt this Period  
 5000.00

**C. Mr. Don L. Bell II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City State Zip Code  
 Arlington VA 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Chain Drug Sto Senior Vice President, Legal Affairs a  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2596.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR1054895638169**  
 Amount of Each Receipt this Period  
 1346.10  
 P/R Deduction (\$96.15 Bi-Weekly)

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7746.10 |
| <b>TOTAL</b> 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 48   |
| <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. Mr. David M. Fitzsimmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Senior Vice President, Finance and Adm  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2596.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR1054896238169**  
 Amount of Each Receipt this Period  
 1346.10  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. Mrs. Sandra Kay Guckian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Vice President & Deputy Director, Stat  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2596.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR1054896938169**  
 Amount of Each Receipt this Period  
 1346.10  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. Mr. Steve E. Perlowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1417-D49  
 City Alexandria State VA Zip Code 22313-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Vice President, Member Relations & Ind  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 379.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR1054897338169**  
 Amount of Each Receipt this Period  
 196.56  
 P/R Deduction (\$14.04 Bi-Weekly)

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2888.76 |
| <b>TOTAL</b> 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 17 OF 48   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mr. James A. Whitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Senior Vice President, Member Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2596.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR1054897938169**  
 Amount of Each Receipt this Period  
 1346.10  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. Mr. Terrence Arth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Vice President, Meetings & Internation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 379.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR1055162938169**  
 Amount of Each Receipt this Period  
 196.56  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. Mr. Kevin N. Nicholson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Vice President, Government Affairs & P  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : PR1055174738169**  
 Amount of Each Receipt this Period  
 269.22  
 P/R Deduction (\$19.23 Bi-Weekly)

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1811.88 |
| <b>TOTAL</b> 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 18 OF 48   |
| <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**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Laura Miller</b>   |                                    | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2183668838169</b> |
| Mailing Address 8373 Pedigree Court   |                                    | Amount of Each Receipt this Period<br>196.56                                 |
| City<br>Gainesville   | State<br>VA                        | Zip Code<br>20155-3240   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$14.04 Bi-Weekly)  |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Senior Economist     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>379.08 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Steve C. Anderson</b>  |   | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2202229338169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |   | Amount of Each Receipt this Period<br>2497.50                                |
| City<br>Arlington   | State<br>VA   | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |   | P/R Deduction (\$192.30 Bi-Weekly)   |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>President and Chief Executive Officer |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00                 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Christopher Krese</b>  |  | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2231851438169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |  | Amount of Each Receipt this Period<br>1615.46                                |
| City<br>Arlington   | State<br>VA  | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |  | P/R Deduction (\$115.39 Bi-Weekly)   |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>SVP, Marketing, Communications, & Medi |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3115.53                  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 4309.52 |
| <b>TOTAL</b> 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 48                |
|   | <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**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Carol Kelly</b>  |  | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2247598138169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |  | Amount of Each Receipt this Period<br>1805.44                                |
| City<br>Arlington   | State<br>VA  | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |  | P/R Deduction (\$138.88 Bi-Weekly)   |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Senior Vice President, Government Affa |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Christine M. Kopple</b>  |   | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2257462238169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |   | Amount of Each Receipt this Period<br>700.00                                 |
| City<br>Arlington   | State<br>VA                                   | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |   | P/R Deduction (\$50.00 Bi-Weekly)  |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Vice President, Media Relations |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1350.00           |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms. Nora Reich</b>   |                                    | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2257462538169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |                                    | Amount of Each Receipt this Period<br>134.68                                 |
| City<br>Arlington   | State<br>VA                        | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$9.62 Bi-Weekly)   |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Executive Assistant  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>259.74 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2640.12 |
| <b>TOTAL</b> 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 20 OF 48   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mr. Marc Schloss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Director, Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : PR2390680738169**  
 Amount of Each Receipt this Period 269.22  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. Dr. Alex Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation Director, Pharmacy Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.72

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : PR2391841938169**  
 Amount of Each Receipt this Period 70.20  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. Ms. Dawn F. Worthington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Association of Chain Drug Sto  
 Occupation VP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 379.08

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : PR2444803138169**  
 Amount of Each Receipt this Period 196.56  
 P/R Deduction (\$14.04 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 535.98 |
| <b>TOTAL</b> 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 21 OF 48   |
| <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**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Jennifer Anne Foley</b>  |  | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2489082338169</b> |
| Mailing Address 1323 West Virginia Ave NE   |  | Amount of Each Receipt this Period<br>538.44                                 |
| City Washington   | State DC   | Zip Code 20002-3829  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>National Association of Chain Drug Sto | Occupation<br>Director, Political Affairs                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1038.42                        | P/R Deduction (\$38.46 Bi-Weekly)  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kathleen Jaeger</b>  |  | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2568914438169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |  | Amount of Each Receipt this Period<br>2456.00                                |
| City Arlington  | State VA   | Zip Code 22209-2516  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>National Association of Chain Drug Sto | Occupation<br>Sr. VP Pharm. Care & Patient Advocacy                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00                        | P/R Deduction (\$2456.00 Bi-Weekly)  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jeff Davis</b>   |  | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2576387938169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |  | Amount of Each Receipt this Period<br>224.00                                 |
| City Arlington  | State VA   | Zip Code 22209-2516  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>National Association of Chain Drug Sto | Occupation<br>Director, Accounting & Finance                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>432.00                         | P/R Deduction (\$16.00 Bi-Weekly)  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3218.44 |
| <b>TOTAL</b> 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 22 OF 48                |
|   | <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**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Eric Juhl</b>  |   | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2576388038169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |   | Amount of Each Receipt this Period<br>196.56                                 |
| City<br>Arlington   | State<br>VA                                   | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |   | P/R Deduction (\$14.04 Bi-Weekly)  |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Director, Federal Public Policy |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>379.08            |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Leigh Knotts</b>   |  | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2576388138169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |  | Amount of Each Receipt this Period<br>280.00                                 |
| City<br>Arlington   | State<br>VA                                      | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |  | P/R Deduction (\$20.00 Bi-Weekly)  |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Director, State Government Affairs |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>540.00               |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Thomas O'Donnell</b>   |   | Date of Receipt<br>12 / 31 / 2015<br><b>Transaction ID : PR2595770238169</b> |
| Mailing Address 1776 Wilson Blvd<br>Suite 200   |   | Amount of Each Receipt this Period<br>1615.32                                |
| City<br>Arlington   | State<br>VA   | Zip Code<br>22209-2516   |
| FEC ID number of contributing federal political committee.<br>C   |   | P/R Deduction (\$115.38 Bi-Weekly)   |
| Name of Employer<br>National Association of Chain Drug Sto  | Occupation<br>Vice President, Federal Gov't Affairs |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4135.26                 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2091.88 |
| <b>TOTAL</b> 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 23 OF 48  
(check only one)

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

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

**A. Ms. Elisabeth Boylan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1776 Wilson Blvd., Suite 200  
City Arlington State VA Zip Code 22209-2516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Association of Chain Drug Sto Occupation Director, Communications  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015  
**Transaction ID : PR2605272338169**  
Amount of Each Receipt this Period  
140.00  
P/R Deduction (\$10.00 Bi-Weekly)

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

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

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

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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 140.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 84981.80 |

**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 24 OF 48   |
| <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. Cardinal Health Inc. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7000 CARDINAL PLACE  
City Dublin State OH Zip Code 43017  
FEC ID number of contributing federal political committee. **C** C00332833  
Name of Employer Occupation  
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  
07 / 24 / 2015  
**Transaction ID : 38421498**  
Amount of Each Receipt this Period  
2500.00

**B. Rite Aid Corp. PAC**  
Full Name (Last, First, Middle Initial)  
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 Occupation  
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 / 30 / 2015  
**Transaction ID : 38606752**  
Amount of Each Receipt this Period  
5000.00

**C. Wal-Mart Stores PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 702 SW 8th Street  
City Bentonville State AR Zip Code 72716  
FEC ID number of contributing federal political committee. **C** C00093054  
Name of Employer Occupation  
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 / 01 / 2015  
**Transaction ID : 38795298**  
Amount of Each Receipt this Period  
5000.00

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 12500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 12500.00 |

**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 25 OF 48                          |
| <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 (Last, First, Middle Initial)  
**A. National Association of Chain Drug Stores**

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2629.99

Date of Receipt  
07 / 08 / 2015  
**Transaction ID : 38337540**

Amount of Each Receipt this Period  
233.87

Jun.15 - Bank Fees Reimb.

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

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3033.71

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 38601521**

Amount of Each Receipt this Period  
403.72

Jul.15 Bank Fees Reimb.

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

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3251.25

Date of Receipt  
10 / 08 / 2015  
**Transaction ID : 38632042**

Amount of Each Receipt this Period  
217.54

Aug/Sep 15 - Bank Fees Reimb.

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 855.13 |
| <b>TOTAL</b> 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 26 OF 48                          |
| <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 (Last, First, Middle Initial)<br><b>A. National Association of Chain Drug Stores</b>                                  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 19 / 2015<br><b>Transaction ID : 38781221</b> |
| Mailing Address 413 N. Lee Street   |                                     | Amount of Each Receipt this Period<br>71.90  |
| City<br>Alexandria  | State<br>VA                         | Zip Code<br>22313-1480   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer                    | Occupation   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3323.15 |  |
|   |                                     | Oct.15 - Bank Fees Reimb.  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Association of Chain Drug Stores</b>                                  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 / 10 / 2015<br><b>Transaction ID : 38865094</b> |
| Mailing Address 413 N. Lee Street   |                                     | Amount of Each Receipt this Period<br>581.05   |
| City<br>Alexandria  | State<br>VA                         | Zip Code<br>22313-1480   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer                    | Occupation   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3904.20 |  |
|   |                                     | Nov.15 - Bank Fees Reimb.  |

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |                          | Date of Receipt<br>M M / D D / Y Y Y Y Y |
| Mailing Address   |                          | Amount of Each Receipt this Period       |
| City  | State                    | Zip Code                                 |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer         | Occupation                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 652.95  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1508.08 |

**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"/> 24  | <input type="checkbox"/> 25 | <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.15 - Analysis/Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38439662**

Amount of Each Disbursement this Period

Jul.15 - Analysis/Imaging 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.15 - Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38439740**

Amount of Each Disbursement this Period

Jul.15 - Merchant 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  
Jul.15 - Analysis Fees Chking

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38439754**

Amount of Each Disbursement this Period

Jul.15 - Analysis Fees Chking

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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.15 - Amex Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38446274**

Amount of Each Disbursement this Period

Jul.15 - Amex Fee

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.15 - Merchant Fees Chking

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38526684**

Amount of Each Disbursement this Period

Aug.15 - Merchant Fees Chking

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.15 - Amex Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38532931**

Amount of Each Disbursement this Period

Aug.15 - Amex Fee

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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  
Sep.15 - Merchant Fees Chking

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38613794**

Amount of Each Disbursement this Period

Sep.15 - Merchant Fees Chking

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  
Oct.15 - Merchant Fees Chking

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38716937**

Amount of Each Disbursement this Period

Oct.15 - Merchant Fees Chking

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  
Nov.15 - Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38795307**

Amount of Each Disbursement this Period

Nov.15 - Merchant Fees

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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  
Nov.15 - Amex Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38795705**

Amount of Each Disbursement this Period

Nov.15 - Amex Fee

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  
Dec.15 - Amex Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38969713**

Amount of Each Disbursement this Period

Dec.15 - Amex Fee

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  
Dec.15 - Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38969718**

Amount of Each Disbursement this Period

Dec.15 - Merchant Fees

**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 checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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. Elise For Congress**

Mailing Address PO Box 500

City State Zip Code  
Glens Falls NY 12801

Purpose of Disbursement

011

Candidate Name

**Rep. Elise Stefanik**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 38589138**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Forward Together PAC**

Mailing Address 1751 POTOMAC GREENS DRIVE

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

011

Candidate Name

**Forward Together PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 38589139**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Susan Brooks**

Mailing Address 9425 N Meridian St  
# 237

City State Zip Code  
Indianapolis IN 46260

Purpose of Disbursement

011

Candidate Name

**Rep. Susan Brooks**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 38589140**

Amount of Each Disbursement this Period

1000.00

**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 checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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. People For Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 38589145**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ryan Costello For Congress**

Mailing Address PO Box 3154

City State Zip Code  
West Chester PA 19381

Purpose of Disbursement

011

Candidate Name

**Rep. Ryan Costello**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 38589146**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Welch For Congress**

Mailing Address PO Box 1682

City State Zip Code  
Burlington VT 05402

Purpose of Disbursement

011

Candidate Name

**Rep. Peter Welch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 38589147**

Amount of Each Disbursement this Period

1000.00

**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 checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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. Ryan Costello For Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement  
Void - Ryan Costello For Congress

Candidate Name

**Rep. Ryan Costello**

Office Sought:  House  Senate  President

State: PA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

**Transaction ID : 38606748**

Amount of Each Disbursement this Period

-1000.00

Void - Ryan Costello For Congress

Full Name (Last, First, Middle Initial)

**B. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

**Sen. Chuck E. Grassley**

Office Sought:  House  Senate  President

State: IA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

**Transaction ID : 38722277**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

**Sen. Chuck E. Grassley**

Office Sought:  House  Senate  President

State: IA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

**Transaction ID : 38722278**

Amount of Each Disbursement this Period

1000.00

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

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

1500.00

**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"/> 24  | <input type="checkbox"/> 25 | <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. Collins For Congress**

Mailing Address PO Box 386

City State Zip Code  
Clarence NY 14031

Purpose of Disbursement

011

Candidate Name

**Rep. Christopher Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774434**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Henry Hank Johnson**

Mailing Address 4153 Flat Shoals Parkway  
Suite 322, Building C, 2nd Floor

City State Zip Code  
Decatur GA 30034

Purpose of Disbursement

011

Candidate Name

**Rep. Hank C. Johnson Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774435**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Kelly Ayotte Inc**

Mailing Address PO Box 937

City State Zip Code  
Manchester NH 03105

Purpose of Disbursement

011

Candidate Name

**Sen. Kelly Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774436**

Amount of Each Disbursement this Period

2000.00

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick Toomey**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 20    |   | 2015      |

**Transaction ID : 38774437**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Friends Of Susan Brooks**

Mailing Address 9425 N Meridian St # 237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Susan Brooks**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IN District: 05

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 20    |   | 2015      |

**Transaction ID : 38774438**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Johnny Isakson**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 20    |   | 2015      |

**Transaction ID : 38774439**

Amount of Each Disbursement this Period

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

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

|         |
|---------|
| 4500.00 |
|---------|

**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"/> 24  | <input type="checkbox"/> 25 | <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. Jason Smith For Congress**

Mailing Address PO Box 1324

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jason T. Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 20 |   |   | 2015 |   |   |   |

**Transaction ID : 38774440**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Kevin Mccarthy For Congress**

Mailing Address PO Box 12667

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 20 |   |   | 2015 |   |   |   |

**Transaction ID : 38774441**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Kirk For Senate**

Mailing Address PO Box 2594

City State Zip Code  
Chicago IL 60690

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark Steven Kirk**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 20 |   |   | 2015 |   |   |   |

**Transaction ID : 38774443**

Amount of Each Disbursement this Period

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

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

|         |
|---------|
| 4500.00 |
|---------|

**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"/> 24  | <input type="checkbox"/> 25 | <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. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011

Candidate Name

**Lisa Murkowski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774444**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011

Candidate Name

**Lisa Murkowski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774445**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mchenry For Congress**

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053

Purpose of Disbursement

011

Candidate Name

**Rep. Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774448**

Amount of Each Disbursement this Period

2500.00

**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"/> 24  | <input type="checkbox"/> 25 | <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. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Jon Tester**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774449**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Moran For Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jerry Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774450**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Patty Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774452**

Amount of Each Disbursement this Period

2500.00

**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"/> 24  | <input type="checkbox"/> 25 | <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. Shore PAC**

Mailing Address P.O. Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Shore PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774457**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774458**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Mailing Address PO Box 10847

City State Zip Code  
Rochester NY 14610

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774459**

Amount of Each Disbursement this Period

1000.00

**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"/> 24  | <input type="checkbox"/> 25 | <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. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Greg P. Walden**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38774461**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement  
Void - Lisa Murkowski For Us Senate

011

Category/Type

Candidate Name

**Lisa Murkowski**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 38775355**

Amount of Each Disbursement this Period

-1000.00

Void - Lisa Murkowski For Us Senate

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : 38905741**

Amount of Each Disbursement this Period

1000.00

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

1000.00

**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"/> 24  | <input type="checkbox"/> 25 | <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. Canary Fund**

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Canary Fund**

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 |   |   | 17 |   |   | 2015 |   |   |   |

**Transaction ID : 38905742**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

**Rep. Erik P. Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 17 |   |   | 2015 |   |   |   |

**Transaction ID : 38905743**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 17 |   |   | 2015 |   |   |   |

**Transaction ID : 38905744**

Amount of Each Disbursement this Period

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

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

|         |
|---------|
| 4000.00 |
|---------|

**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"/> 24  | <input type="checkbox"/> 25            | <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 |   | 2 | 1 |   | 2 | 0 | 1 | 5 |

Mailing Address 4216 102nd Street

**Transaction ID : 38589133**

City Lubbock State TX Zip Code 79423

Amount of Each Disbursement this Period

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

Purpose of Disbursement  
Charles Perry, STATE SENATE 28th TX

|                   |   |   |
|-------------------|---|---|
| 0                 | 1 | 1 |
| Category/<br>Type |   |   |

Candidate Name

**TX Sen. Charles Perry**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Charles Perry, STATE SENATE 28th TX

State: District:

Full Name (Last, First, Middle Initial)

**B. Charles Schwertner Campaign**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 1 |   | 2 | 0 | 1 | 5 |

Mailing Address P.O. Box 2248

**Transaction ID : 38589134**

City Georgetown State TX Zip Code 78627

Amount of Each Disbursement this Period

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

Purpose of Disbursement  
Charles Schwertner, LOCAL TX

|                   |   |   |
|-------------------|---|---|
| 0                 | 1 | 1 |
| Category/<br>Type |   |   |

Candidate Name

**Charles Schwertner**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Charles Schwertner, LOCAL TX

State: District:

Full Name (Last, First, Middle Initial)

**C. Giovanni Capriglione Campaign**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 1 |   | 2 | 0 | 1 | 5 |

Mailing Address 1205 South White Chapel Blvd  
Suite 100

**Transaction ID : 38589141**

City South Lake State TX Zip Code 76092

Amount of Each Disbursement this Period

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

Purpose of Disbursement  
Giovanni Capriglione, STATE HOUSE 98th TX

|                   |   |   |
|-------------------|---|---|
| 0                 | 1 | 1 |
| Category/<br>Type |   |   |

Candidate Name

**TX Rep. Giovanni Capriglione**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Giovanni Capriglione, STATE HOUSE 98th TX

State: District:

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | 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 type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <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. John Frullo Campaign**

Mailing Address P.O. Box 64010

City Lubbock State TX Zip Code 79464

Purpose of Disbursement  
John Frullo, STATE HOUSE 84th TX

Category/  
Type

Candidate Name

**TX Rep. John Frullo**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 38589142**

Amount of Each Disbursement this Period

John Frullo, STATE HOUSE 84th TX

Full Name (Last, First, Middle Initial)

**B. Lyle Larson Campaign**

Mailing Address P.O. Box 171148

City San Antonio State TX Zip Code 78217

Purpose of Disbursement  
Lyle Larson, STATE HOUSE 122nd TX

Category/  
Type

Candidate Name

**TX Rep. Lyle Larson**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 38589143**

Amount of Each Disbursement this Period

Lyle Larson, STATE HOUSE 122nd TX

Full Name (Last, First, Middle Initial)

**C. Marsha Farney Campaign**

Mailing Address P.O. Box 99

City Georgetown State TX Zip Code 78627

Purpose of Disbursement  
Marsha Farney, STATE HOUSE 20th TX

Category/  
Type

Candidate Name

**TX Rep. Marsha Farney**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 38589144**

Amount of Each Disbursement this Period

Marsha Farney, STATE HOUSE 20th 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"/> 24  | <input type="checkbox"/> 25            | <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. Workman for Texas**

Mailing Address P.O. Box 90671

City Austin State TX Zip Code 78709

Purpose of Disbursement  
Paul Workman, STATE HOUSE 47th TX

011

Candidate Name  
**TX Rep. Paul Workman**

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 | 9 |   | 2 | 1 |   | 2 | 0 | 1 | 5 |

**Transaction ID : 38589148**

Amount of Each Disbursement this Period

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

Paul Workman, STATE HOUSE 47th TX

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reed**

Mailing Address P.O. BOX 1440

City Indiana State PA Zip Code 15701

Purpose of Disbursement  
Dave Reed, STATE HOUSE 62nd PA

011

Candidate Name  
**PA Rep. Dave Reed**

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 |
| 1 | 1 |   | 0 | 2 |   | 2 | 0 | 1 | 5 |

**Transaction ID : 38710321**

Amount of Each Disbursement this Period

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

Dave Reed, STATE HOUSE 62nd PA

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Scarnati**

Mailing Address PO Box 33

City Youngsville State PA Zip Code 16371

Purpose of Disbursement  
Joseph Scarnati, STATE SENATE 25th PA

011

Candidate Name  
**Senator Joseph Scarnati III**

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 |
| 1 | 1 |   | 0 | 2 |   | 2 | 0 | 1 | 5 |

**Transaction ID : 38710323**

Amount of Each Disbursement this Period

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

Joseph Scarnati, STATE SENATE 25th PA

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

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 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 type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <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 Rob Teplitz**

Mailing Address PO Box 60007

City Harrisburg State PA Zip Code 17106

Purpose of Disbursement  
Rob Teplitz, STATE SENATE 15th PA

011

Candidate Name

**PA Sen. Rob Teplitz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

**Transaction ID : 38710324**

Amount of Each Disbursement this Period

250.00

Rob Teplitz, STATE SENATE 15th PA

Full Name (Last, First, Middle Initial)

**B. JAY COSTA FOR STATE SENATE**

Mailing Address 314 NEWPORT ROAD

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement  
Jay Costa, STATE SENATE 43rd PA

011

Candidate Name

**Senator Jay Costa Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

**Transaction ID : 38710325**

Amount of Each Disbursement this Period

500.00

Jay Costa, STATE SENATE 43rd PA

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

750.00

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

10250.00