

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 C C00022368 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 11 / 27 / 2018 through 12 / 31 / 2018

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

Type or Print Name of Treasurer Signature of Treasurer Fitzsimmons, David M., , [Electronically Filed] Date 01 / 15 / 2019

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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="2018"/>  |                         | 201951.81                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 224074.67               |                                   |
| (c) Total Receipts (from Line 19) .....  | 25772.22                | 232561.17                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 249846.89               | 434512.98                         |
| 7. Total Disbursements (from Line 31).....   | - 1704.24               | 182961.85                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 251551.13               | 251551.13                         |
| 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

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 27 / 2018 To: M M / D D / Y Y Y Y 12 / 31 / 2018

| 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).....  | 13048.79                      | 176824.87                         |
| (ii) Unitemized .....   | 14.43                         | 3481.10                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 13063.22                      | 180305.97                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 12500.00                      | 49500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 25563.22                      | 229805.97                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 209.00                        | 2755.20                           |
| 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)).....▶                         | 25772.22                      | 232561.17                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 25772.22                      | 232561.17                         |

**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 .....   | 545.76                        | 2211.85                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 545.76                        | 2211.85                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | - 2000.00                     | 165500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | - 250.00                      | 15250.00                          |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | - 1704.24                     | 182961.85                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | - 1704.24                     | 182961.85                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 25563.22                              | 229805.97                                 |
| 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) .....    | 25563.22                              | 229805.97                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 545.76                                | 2211.85                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 545.76                                | 2211.85                                   |

**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 19                 |
|   | <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. Clagett, Pete, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Wilmot Road

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Deerfield | State<br>IL | Zip Code<br>60015-5104 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Walgreen Co. | Occupation (for Individual)<br>GVP, Pharmacy Market Development |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 29    | / | 2018        |

**Transaction ID : 42883695**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Skokan, Mike, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>West Des Moines | State<br>IA | Zip Code<br>50266-8223 |
|-------------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Hy-Vee Inc. | Occupation (for Individual)<br>Assistant Vice President, Financial Re |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.09

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 06    | / | 2018        |

**Transaction ID : 42942254**

Amount of Each Receipt this Period  
83.34

Memo Item

**C. Weippert, Timothy, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6055 Nathan Lane North

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Plymouth | State<br>MN | Zip Code<br>55442-1674 |
|------------------|-------------|------------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>Thrifty White Stores | Occupation (for Individual)<br>COO |
|---|------------------------------------|

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    | / | 06    | / | 2018        |

**Transaction ID : 42942255**

Amount of Each Receipt this Period  
4000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4448.34 |
| <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 19  |
| <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. Tighe, William, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5501 Landmark Place

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Fairfax | State<br>VA | Zip Code<br>22032-3125 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>National Association of Chain Drug Sto | Occupation (for Individual)<br>VP, Federal Government Affairs |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 13    | / | 2018        |

**Transaction ID : 42954604**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. Duteau, Michael, D., Mr., RPh**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 E Main St

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Gouverneur | State<br>NY | Zip Code<br>13642-1401 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Kinney Drugs, Inc. | Occupation (for Individual)<br>Director of Pharmacy Operations |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 16    | / | 2018        |

**Transaction ID : 42958636**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Hourican, Kevin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CVS Dr

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Woonsocket | State<br>RI | Zip Code<br>02895-6146 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>CVS Health | Occupation (for Individual)<br>EVP, CVS Health & President, CVS Pha |
|---|---|

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 |
| 12    | / | 22    | / | 2018        |

**Transaction ID : 42973731**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3800.00 |
| <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 19  |
| <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. Ode, Matthew, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5985 Yucca Lane N.

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Plymouth | State<br>MN | Zip Code<br>55446-3527 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Thrifty White Stores | Occupation (for Individual)<br>Vice President of Information Technolo |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : 42995683**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B. Bell, Don, L., Mr., II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd Suite 200

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22209-2516 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>National Association of Chain Drug Sto | Occupation (for Individual)<br>Senior Vice President, Legal Affairs a |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : PR1054895652669**

Amount of Each Receipt this Period  
288.45

Memo Item

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

**C. Fitzsimmons, David, M., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd Suite 200

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22209-2516 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>National Association of Chain Drug Sto | Occupation (for Individual)<br>Senior Vice President, Finance and Adr |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2018        |

**Transaction ID : PR1054896252669**

Amount of Each Receipt this Period  
288.45

Memo Item

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

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2076.90 |
| <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 19  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 1776 Wilson Blvd  
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President & Deputy Director, Stat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR1054896952669**

Amount of Each Receipt this Period 288.45

Memo Item

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

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

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Member Relations & In

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR1054897352669**

Amount of Each Receipt this Period 42.12

Memo Item

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

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

Mailing Address 1776 Wilson Blvd  
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR1054897952669**

Amount of Each Receipt this Period 288.45

Memo Item

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

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 619.02 |
| <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 19   |
| <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. Arth, Terrence, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Meetings & Internation  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR1055162952669**  
 Amount of Each Receipt this Period 42.12  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

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

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR1055174752669**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. Miller, Laura, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8373 Pedigree Court  
 City Gainesville State VA Zip Code 20155-3240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Economist  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR2183668852669**  
 Amount of Each Receipt this Period 42.12  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 141.93 |
| <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 19   |
| <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. Anderson, Steve, C., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : PR2202229352669**  
 Amount of Each Receipt this Period  
 576.87  
 Memo Item  
 P/R Deduction (\$192.25 Bi-Weekly)

**B. Krese, Christopher, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) SVP, Marketing, Communications, & M  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : PR2231851452669**  
 Amount of Each Receipt this Period  
 346.17  
 Memo Item  
 P/R Deduction (\$115.39 Bi-Weekly)

**C. Worthington, Dawn, F., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) VP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : PR2444803152669**  
 Amount of Each Receipt this Period  
 42.12  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 965.16 |
| <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 12 OF 19 |
|   | <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. Foley, Jennifer, Anne, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1323 West Virginia Ave NE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20002-3829 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>National Association of Chain Drug Sto | Occupation (for Individual)<br>Director, Political Affairs |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 31    | / | 2018        |

**Transaction ID : PR2489082352669**

Amount of Each Receipt this Period  
115.38

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

**B. Juhl, Eric, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd  
Suite 200

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22209-2516 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>National Association of Chain Drug Sto | Occupation (for Individual)<br>Director, Federal Public Policy |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 31    | / | 2018        |

**Transaction ID : PR2576388052669**

Amount of Each Receipt this Period  
42.12

Memo Item

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

**C. Knotts, Leigh, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd  
Suite 200

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22209-2516 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>National Association of Chain Drug Sto | Occupation (for Individual)<br>Director, State Government Affairs |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 31    | / | 2018        |

**Transaction ID : PR2576388152669**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 217.50 |
| <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 19                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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

**A. O'Donnell, Thomas, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Federal Gov't Affairs

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR2595770252669**

Amount of Each Receipt this Period 576.87

Memo Item

P/R Deduction (\$192.25 Bi-Weekly)

**B. Boylan, Elisabeth, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Communications

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR2605272352669**

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

**C. Hampel, Vonnie, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 New Jersey Ave SE  
Apt 809

City Washington State DC Zip Code 20003-5310

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Federal Government Affairs

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2018  
**Transaction ID : PR2645976352669**

Amount of Each Receipt this Period 57.69

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 664.56 |
| <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 19   |
|   | <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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Manko, Amber, , Ms.,

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Federal Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018

**Transaction ID : PR2700395252669**

Amount of Each Receipt this Period  
115.38

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 115.38   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 13048.79 |

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

|   |                              |   |   |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 19   |
| <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. Safeway Inc. PAC**

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

Mailing Address 5918 Stoneridge Mall Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Pleasanton | State<br>CA | Zip Code<br>94588-3229 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00194084

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 18    | / | 2018        |

**Transaction ID : 42965692**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Kinney Drugs for a Healthier America PAC**

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

Mailing Address 29 East Main Street

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Gouverneur | State<br>NY | Zip Code<br>13642 |
|--------------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 31    | / | 2018        |

**Transaction ID : 42995372**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Rite Aid Corp. PAC**

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

Mailing Address P.O. Box 3165

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Harrisburg | State<br>PA | Zip Code<br>17105 |
|--------------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 31    | / | 2018        |

**Transaction ID : 42995373**

Amount of Each Receipt this Period  
2500.00

Memo Item

|   |          |
|---|----------|
| <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 16 OF 19                          |
| <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**

**A. National Association of Chain Drug Stores**

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

Mailing Address 1776 Wilson Blvd. Suite 200

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22209 |
|-------------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2755.20

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  | / | 20  | / | 2018    |

**Transaction ID : 42965709**

Amount of Each Receipt this Period  
209.00

Memo Item

Nov.18 - Bank Fees Remb.

**B.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 209.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 209.00 |



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Nov.18-CC/Merch. Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 30  |   | 2018    |

FEC Identification Number

C [ ]

**Transaction ID : 42965334**

Amount of Each Disbursement this Period

[ ] 209.00

Nov.18-CC/Merch. Fees

Memo Item

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.18 - Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 31  |   | 2018    |

FEC Identification Number

C [ ]

**Transaction ID : 43056957**

Amount of Each Disbursement this Period

[ ] 336.76

Dec.18 - Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 545.76

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

[ ] 545.76

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Mike Ferguson**

Mailing Address C/O Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
Void - Friends Of Mike Ferguson

Category/  
Type

Candidate Name  
**Ferguson, Mike, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: NJ District: 07

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42886795**

Amount of Each Disbursement this Period

Void - Friends Of Mike Ferguson

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

Category/  
Type

Candidate Name  
**Costello, Ryan, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: PA District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42958824**

Amount of Each Disbursement this Period

Void - Ryan Costello For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Charles Schwertner Campaign**

Mailing Address P.O. Box 2248

City  
Georgetown

State  
TX

Zip Code  
78627

Purpose of Disbursement  
Void - Charles Schwertner Campaign

011

Category/  
Type

Candidate Name

**Schwertner, Charles, , ,**

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 |   | 3 | 0 |   | 2 | 0 | 1 | 8 |

FEC Identification Number

C [ ]

**Transaction ID : 42886794**

Amount of Each Disbursement this Period

[ ] - 1000.00

Memo Item Void - Charles Schwertner Campaign

Full Name (Last, First, Middle Initial)

**B. Donna Howard Campaign**

Mailing Address PO Box 5375

City  
Austin

State  
TX

Zip Code  
78763

Purpose of Disbursement  
Donna Howard, STATE HOUSE 48th TX

011

Category/  
Type

Candidate Name

**Howard, Donna, , TX Rep.,**

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 | 2 |   | 0 | 7 |   | 2 | 0 | 1 | 8 |

FEC Identification Number

C [ ]

**Transaction ID : 42942223**

Amount of Each Disbursement this Period

[ ] 750.00

Memo Item Donna Howard, STATE HOUSE 48th TX

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] - 250.00

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

[ ] - 250.00