

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 01 / 01 / 2023 through 06 / 30 / 2023

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 07 / 11 / 2023

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		17585.16
(b) Cash on Hand at Beginning of Reporting Period.....	17585.16	
(c) Total Receipts (from Line 19) .....	122991.91	122991.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	298577.07	298577.07
7. Total Disbursements (from Line 31).....	42180.14	42180.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	256396.93	256396.93
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on 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: 01 / 01 / 2023 To: 06 / 30 / 2023

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	73534.20	73534.20
(ii) Unitemized .....	777.57	777.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	74311.77	74311.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	26500.00	26500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	100811.77	100811.77
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.).....	22180.14	22180.14
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)).....▶	122991.91	122991.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	122991.91	122991.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2180.14	2180.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2180.14	2180.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	21500.00
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).....	18500.00	18500.00
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)) ..	42180.14	42180.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42180.14	42180.14

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	100811.77	100811.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100811.77	100811.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2180.14	2180.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2180.14	2180.14

**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 37
<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

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. Nightengale, Brian, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5045 Jewell Ter

City Palm Harbor	State FL	Zip Code 34685-2697
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Good Neighbor Pharmacy	Occupation (for Individual) 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
03		30		2023

**Transaction ID : 48548688**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 1099 Winterson Rd Ste 110

City Linthicum	State MD	Zip Code 21090-2218
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CARE Pharmacies Cooperative, Inc.	Occupation (for Individual) CEO
--	------------------------------------

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
03		31		2023

**Transaction ID : 48548722**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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 (for Individual) Lewis Drug	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
04		07		2023

**Transaction ID : 48557759**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<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 37
<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. Painter, Craig, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 E Main St

City Gouverneur	State NY	Zip Code 13642-1401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Chairman of the Board
---	--

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
04		07		2023

**Transaction ID : 48557799**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 969 Madison Ave

City New York	State NY	Zip Code 10021-2763
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Zitomer/Thriftway Drug Corp.	Occupation (for Individual) 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
04		07		2023

**Transaction ID : 48559000**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 6055 Nathan Ln N Ste 200

City Plymouth	State MN	Zip Code 55442-1675
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Thrifty White Pharmacy	Occupation (for Individual) Chief Operating Officer
---	--

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
04		09		2023

**Transaction ID : 48559032**

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).....	

**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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Norman, Craig, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 646 S. Flores St  
 City San Antonio State TX Zip Code 78204-1219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H-E-B Occupation (for Individual) Senior Vice President, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 09 / 2023  
**Transaction ID : 48559038**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**B. Williams, Kristin, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5820 Westown Pkwy  
 City West Des Moines State IA Zip Code 50266-8223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hy-Vee, Inc. Occupation (for Individual) EVP, Chief Health Officer, Hy-Vee, Inc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2023  
**Transaction ID : 48559056**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Faulks, Jeremy, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6055 Nathan Ln N Ste 200  
 City Plymouth State MN Zip Code 55442-1675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) Vice President - Pharmacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2023  
**Transaction ID : 48561499**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Chain Drug Stores, Inc. Political Action Committee**

**A. Staniforth, Karen, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3310 Bayou Rd  
 City Longboat Key State FL Zip Code 34228-3023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) Chief Pharmacy Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2023  
**Transaction ID : 48562220**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Jacobson, Scott, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Intrepid Ave  
 City Philadelphia State PA Zip Code 19112-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) Vice President, Pharmacy Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2023  
**Transaction ID : 48562336**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Holt, Jack, L., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 916 W Evergreen Blvd  
 City Vancouver State WA Zip Code 98660-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hi-School Pharmacy Services LLC Occupation (for Individual) President  
 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  
 04 / 13 / 2023  
**Transaction ID : 48578645**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Huseby, Todd, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 W Monroe St Fl 41  
 City Chicago State IL Zip Code 60606-5087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kearney Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 18 / 2023  
**Transaction ID : 48584120**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**B. Machin, Louis, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6574 North SR 7 #361  
 City Coconut Creek State FL Zip Code 33073-3625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lifelab Health Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2023  
**Transaction ID : 48584334**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Mauch, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 West First Ave  
 City Conshohocken State PA Zip Code 19428-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AmerisourceBergen Corporation Occupation (for Individual) EVP and Group President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2023  
**Transaction ID : 48585007**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<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 37
	<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. Kerley, Summer, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3165  
 City Harrisburg State PA Zip Code 17105-3165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) VP, Clinical Services & Business Initi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2023  
**Transaction ID : 48585115**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lindholz, Colleen, Renee, Mrs., RPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 Race St Fl 5  
 City Cincinnati State OH Zip Code 45202-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Kroger Co. Occupation (for Individual) President, Kroger Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2023  
**Transaction ID : 48587272**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Wahl, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 E Swedesford Rd  
 City Wayne State PA Zip Code 19087-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IQVIA Occupation (for Individual) Vice President, Supplier Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 20 / 2023  
**Transaction ID : 48587275**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<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 12 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peterson, Theodore, L., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5031 Reed Rd  
 City Oxford State MD Zip Code 21654-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CPG Linkages, LLC Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 20 / 2023  
**Transaction ID : 48587513**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**B. Swanson, Richard, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 W Lake Cook Rd Ste 372  
 City Buffalo Grove State IL Zip Code 60089-1991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Swanson Group Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2023  
**Transaction ID : 48587921**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Keyes, Rick, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2350 3 Mile Rd NW  
 City Grand Rapids State MI Zip Code 49544-1305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Meijer, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 21 / 2023  
**Transaction ID : 48587948**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3450.00
<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 37
<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. Hunter, James, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 IMS Dr.

City Plymouth Meeting	State PA	Zip Code 19462-1722
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) IQVIA	Occupation (for Individual) Sr. Director Supplier Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

Date of Receipt  
**04 / 21 / 2023**  
**Transaction ID : 48587965**

Amount of Each Receipt this Period  
**450.00**

Memo Item

**B. Kwait, Todd, M., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 170 Broad St

City New London	State CT	Zip Code 06320-5313
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) Sheffield Pharmaceuticals	Occupation (for Individual) Executive V.P. of Global Sales & Busin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Date of Receipt  
**04 / 21 / 2023**  
**Transaction ID : 48588103**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C. Ward, Carl, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 113 Towne Lake Pkwy, Suite 120 Suite 300

City Woodstock	State GA	Zip Code 30188-4854
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) HTL-Strefa Inc.	Occupation (for Individual) General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>450.00</b>	

Date of Receipt  
**04 / 21 / 2023**  
**Transaction ID : 48588989**

Amount of Each Receipt this Period  
**450.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1900.00</b>
<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 37
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Long, Douglas, M., Mr.,</b>			Date of Receipt
Mailing Address 173 Clearlake Dr			<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2023"/>
City Ponte Vedra Beach	State FL	Zip Code 32082-2178	<b>Transaction ID : 48588991</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) IQVIA		Occupation (for Individual) Vice President, Industry Relations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Knightly, Kevin, , Mr.,</b>			Date of Receipt
Mailing Address 83 Wooster Heights Rd			<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City Danbury	State CT	Zip Code 06810-7548	<b>Transaction ID : 48589010</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="450.00"/>
Name of Employer (for Individual) IQVIA		Occupation (for Individual) President, Info & Tech Solutions	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lennon, Ward, , Mr.,</b>			Date of Receipt
Mailing Address 2900 N. Locust Street			<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2023"/>
City Sterling	State IL	Zip Code 61081-9501	<b>Transaction ID : 48589019</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Wahl Clipper Corporation		Occupation (for Individual) DVP North America Consumer Sales	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<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: (check only one)	PAGE 15 OF 37
<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. Edeker, Randy, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) Chairman and CEO
---	---

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
04		24		2023

**Transaction ID : 48589037**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) Vice Chairman, Hy-Vee Inc. and 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
04		24		2023

**Transaction ID : 48589039**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) President and COO
---	--

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
04		24		2023

**Transaction ID : 48589041**

Amount of Each Receipt this Period  
2500.00

Memo Item

<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 16 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rose, Jim, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 Legacy Dr  
 City Plano State TX Zip Code 75024-3104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSSMARK, Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 24 / 2023  
**Transaction ID : 48589081**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**B. Emerson, Scott, R., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 E Lancaster Ave  
 City Wayne State PA Zip Code 19087-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Emerson Group Occupation (for Individual) Corporate President, Chairman, and C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2023  
**Transaction ID : 48604488**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

Date of Receipt 05 / 02 / 2023  
**Transaction ID : 48604489**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5950.00
<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 17 OF 37
<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. Narveson, Robert, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6055 Nathan Ln N Ste 200

City Plymouth	State MN	Zip Code 55442-1675
------------------	-------------	------------------------

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

Name of Employer (for Individual) Thrifty White Pharmacy	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2023

**Transaction ID : 48604802**

Amount of Each Receipt this Period  
625.00

Memo Item

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

Mailing Address 100 E Washington St

City Syracuse	State NY	Zip Code 13202-1612
------------------	-------------	------------------------

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

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Attorney at Law, Secretary
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2023

**Transaction ID : 48616154**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 520 E. Main Street

City Gouverneur	State NY	Zip Code 13642-1561
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) EVP Retail Operations, Distribution &
---	--

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
05		25		2023

**Transaction ID : 48643345**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2625.00
<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 18 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Greco, Larry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Sandringham South

City Moraga	State CA	Zip Code 94556-1931
----------------	-------------	------------------------

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

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Director, Kinney Board
---	---

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
06		19		2023

**Transaction ID : 48854497**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Hart, Bridget-Ann, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 E Main St

City Gouverneur	State NY	Zip Code 13642-1561
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Board Director
---	---

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
06		22		2023

**Transaction ID : 48858161**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address 300 North LaSalle Street  
Suite 4900

City Chicago	State IL	Zip Code 60654-3422
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Waud Capital Partners	Occupation (for Individual) Operating Partner
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2023

**Transaction ID : 48863347**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 19 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Fitzsimmons, David, M., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd Ste 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Finance and Adr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 06 / 30 / 2023  
**Transaction ID : PR1054896267392**  
 Amount of Each Receipt this Period  
 1249.95  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. Guckian, Sandra, Kay, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd Ste 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, State Pharmacy and Ac  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 06 / 30 / 2023  
**Transaction ID : PR1054896967392**  
 Amount of Each Receipt this Period  
 1249.95  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. Whitman, James, A., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd Ste 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Member Prograr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 06 / 30 / 2023  
**Transaction ID : PR1054897967392**  
 Amount of Each Receipt this Period  
 1249.95  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3749.85
<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 37
<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. Nicholson, Kevin, N., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd Ste 200

City Arlington	State VA	Zip Code 22209-2516
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Vice President of Public Policy, Regul
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2023

**Transaction ID : PR1055174767392**

Amount of Each Receipt this Period  
249.99

Memo Item

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

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

Mailing Address 1776 Wilson Blvd Ste 200

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

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

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2023

**Transaction ID : PR2202229367392**

Amount of Each Receipt this Period  
2499.25

Memo Item

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

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

Mailing Address 2548 Main St Ste C

City Elgin	State SC	Zip Code 29045-8844
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2023

**Transaction ID : PR2576388167392**

Amount of Each Receipt this Period  
260.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3009.24
<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 37
	<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. Ayotte, Michael, Joseph, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd Ste 200

City Arlington	State VA	Zip Code 22209-2516
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) SVP Pharmacy, Transformation and Ad
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2023

**Transaction ID : PR2779911767392**

Amount of Each Receipt this Period  
500.11

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 1776 Wilson Blvd Ste 200

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

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

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Senior Vice President, Health and Well
---	---

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
06	/	30	/	2023

**Transaction ID : PR2782325267392**

Amount of Each Receipt this Period  
1500.00

Memo Item

P/R Deduction (\$1500.00 Bi-Weekly)

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M 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).....	2000.11
<b>TOTAL</b> This Period (last page this line number only).....	73534.20

**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 37
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. AmerisourceBergen Corp. PAC (ABC PAC)</b>		Date of Receipt
Mailing Address 1300 Morris Drive Suite 100		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2023"/>
City Chesterbrook	State PA	Zip Code 19087
FEC ID number of contributing federal political committee. <b>C</b> C00400929		<b>Transaction ID : 48425872</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Walgreen Co. PAC</b>		Date of Receipt
Mailing Address 104 Wilmot Road, M.S. #1447		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2023"/>
City Deerfield	State IL	Zip Code 60015-6200
FEC ID number of contributing federal political committee. <b>C</b> C00160770		<b>Transaction ID : 48425905</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WAKEPAC</b>		Date of Receipt
Mailing Address 33 Northfield Avenue		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2023"/>
City Edison	State NJ	Zip Code 08837
FEC ID number of contributing federal political committee. <b>C</b> C00048900		<b>Transaction ID : 48540749</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="15000.00"/>
<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: (check only one)	PAGE 23 OF 37
<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 of Individual (Last, First, Middle Initial) or Full Organization Name

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 (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
05		02		2023

**Transaction ID : 48604487**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. Pharmavite PAC**

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

Mailing Address 8510 Blaboa Boulevard

City Northridge	State CA	Zip Code 91325
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00410654

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
04		18		2023

**Transaction ID : 48607509**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. The Kroger Co. Political Action Committee**

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

Mailing Address 1014 Vine Street

City Cincinnati	State OH	Zip Code 45202
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00059238

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

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
05		02		2023

**Transaction ID : 48610169**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<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 24 OF 37
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Walmart Inc. Political Action Committee for Responsible Government**

Mailing Address 702 SW 8th St

City Bentonville	State AR	Zip Code 72716
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		23		2023

**Transaction ID : 48638812**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	26500.00



# 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 37
<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 Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.38

Date of Receipt  

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

**Transaction ID : 48360314**

Amount of Each Receipt this Period  
228.38

Memo Item

Jan.23 - VI/MC Fees Reimb.

**B. 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 Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

**Transaction ID : 48438831**

Amount of Each Receipt this Period  
58.96

Memo Item

Feb.23 - Bank Fees Reimb.

**C. 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 Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
339.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2023

**Transaction ID : 48524392**

Amount of Each Receipt this Period  
51.96

Memo Item

Mar.23 - VI/MC Fees Reimb.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	339.30
<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 37
<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 Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
536.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2023

**Transaction ID : 48610168**

Amount of Each Receipt this Period  
196.70

Memo Item

Apr.23 - VI/MC Fees Reimb.

**B. 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 Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2084.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2023

**Transaction ID : 48751669**

Amount of Each Receipt this Period  
37.78

Memo Item

Jun.23 - Bank Fees Reimb.

**C. 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 Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1095.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2023

**Transaction ID : 48800044**

Amount of Each Receipt this Period  
559.97

Memo Item

May23 - AMEX Fees Reimb.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	794.45
<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 27 OF 37
<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 Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2046.23

Date of Receipt **05 / 11 / 2023**  
**Transaction ID : 48800609**  
 Amount of Each Receipt this Period 950.26  
 Memo Item  
 May 23 - VI/MC Bank Fees Reimb.

**B. 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 Arlington State VA Zip Code 22209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2180.14

Date of Receipt **06 / 13 / 2023**  
**Transaction ID : 48897133**  
 Amount of Each Receipt this Period 96.13  
 Memo Item  
 Jun.23 - VI/MC Fees Reimb.

**c. NACDS PAC - Checking**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 413 N. Lee St.  
 City Alexandria State VA Zip Code 22314  
 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 ▼ 20000.00

Date of Receipt **06 / 21 / 2023**  
**Transaction ID : 48897229**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 06/21/23 - Xfer

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21046.39
<b>TOTAL</b> This Period (last page this line number only).....	22180.14

**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  
Jan.23 - VI/MC 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
0	1		1	1		2	0	2	3

FEC Identification Number

C [Redacted]

**Transaction ID : 48359998**

Amount of Each Disbursement this Period

[Redacted] 228.38

Jan.23 - VI/MC 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  
Feb.23 - VI/MC 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
0	2		1	4		2	0	2	3

FEC Identification Number

C [Redacted]

**Transaction ID : 48438832**

Amount of Each Disbursement this Period

[Redacted] 58.96

Feb.23 - VI/MC Fees

Memo Item

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  
Mar.23 - VI/MC 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
0	3		1	4		2	0	2	3

FEC Identification Number

C [Redacted]

**Transaction ID : 48524393**

Amount of Each Disbursement this Period

[Redacted] 51.96

Mar.23 - VI/MC Fees

Memo Item

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

[Redacted] 339.30

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

[Redacted]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Apr.23 - VI/MC 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
0	4			1		2	0	2	3

FEC Identification Number

C [Redacted]

Transaction ID : 48609126

Amount of Each Disbursement this Period

[Redacted] 196.70

Apr.23 - VI/MC 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  
May 23 - AMEX 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
0	5			0		5	2	0	2

FEC Identification Number

C [Redacted]

Transaction ID : 48610184

Amount of Each Disbursement this Period

[Redacted] 559.97

May 23 - AMEX Fees

Memo Item

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  
May 23 - VI/MC 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
0	5			1		1	1	2	0

FEC Identification Number

C [Redacted]

Transaction ID : 48613691

Amount of Each Disbursement this Period

[Redacted] 950.26

May 23 - VI/MC Fees

Memo Item

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

[Redacted] 1706.93

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

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Jun.23 - AMEX 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
0	6		0	6		2	0	2	3

FEC Identification Number

C [ ]

**Transaction ID : 48748725**

Amount of Each Disbursement this Period

[ ] 37.78

Jun.23 - AMEX 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  
Jun.23 - VI/MC 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
0	6		1	3		2	0	2	3

FEC Identification Number

C [ ]

**Transaction ID : 48814357**

Amount of Each Disbursement this Period

[ ] 96.13

Jun.23 - VI/MC 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)..... ▶

[ ] 133.91

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

[ ] 2180.14

**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. Sara Jacobs For Congress**

Mailing Address PO Box 120085

City  
San Diego

State  
CA

Zip Code  
92112

Purpose of Disbursement  
Void - Sara Jacobs For Congress

011

Category/  
Type

Candidate Name

**Jacobs, Sara, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	3

FEC Identification Number

C C00719559

**Transaction ID : 48367435**

Amount of Each Disbursement this Period

- 1000.00

Void - Sara Jacobs For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scalise For Congress**

Mailing Address PO Box 23219

City  
Jefferson

State  
LA

Zip Code  
70183-3219

Purpose of Disbursement  
Void - Scalise For Congress

011

Category/  
Type

Candidate Name

**Scalise, Steve, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	3

FEC Identification Number

C C00394957

**Transaction ID : 48367436**

Amount of Each Disbursement this Period

- 1000.00

Void - Scalise For Congress

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delbene For Congress**

Mailing Address PO Box 477

City  
Kirkland

State  
WA

Zip Code  
98083

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	2	3

FEC Identification Number

C C00459099

**Transaction ID : 48538273**

Amount of Each Disbursement this Period

3500.00

Memo Item

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

1500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Hudson For Congress

Mailing Address PO Box 1875

City  
Southern Pines

State  
NC

Zip Code  
28388

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Hudson, Richard, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2023  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	2	3

FEC Identification Number

C C00504522

**Transaction ID : 48538274**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Bilirakis For Congress

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688-0606

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	3

FEC Identification Number

C C00408534

**Transaction ID : 48863171**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Bucshon For Congress

Mailing Address PO Box 250

City  
Newburgh

State  
IN

Zip Code  
47629-0250

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Bucshon, Larry, , Rep., M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	3

FEC Identification Number

C C00468256

**Transaction ID : 48863172**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

6000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Buddy Carter For Congress**

Mailing Address 406 Purple Finch Dr

City Pooler State GA Zip Code 31322

Purpose of Disbursement

011

Category/Type

Candidate Name

**Carter, Buddy, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2023

FEC Identification Number

C C00543967

**Transaction ID : 48863177**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Carey For Congress**

Mailing Address PO Box 16032

City Columbus State OH Zip Code 43216

Purpose of Disbursement

011

Category/Type

Candidate Name

**Carey, Mike, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2023

FEC Identification Number

C C00779603

**Transaction ID : 48863182**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Diana For Congress**

Mailing Address PO Box 7208

City Kingsport State TN Zip Code 37664

Purpose of Disbursement

011

Category/Type

Candidate Name

**Harshbarger, Diana, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: TN District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2023

FEC Identification Number

C C00741090

**Transaction ID : 48863183**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Friends Of Raja For Congress

Mailing Address PO Box 681202

City  
Schaumburg

State  
IL

Zip Code  
60168

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Krishnamoorthi, Raja, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	3

FEC Identification Number

C C00575092

**Transaction ID : 48863184**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Jason Smith For Congress

Mailing Address PO Box 1324

City  
Cape Girardeau

State  
MO

Zip Code  
63702-1324

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Smith, Jason, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	3

FEC Identification Number

C C00541862

**Transaction ID : 48863185**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Kuster For Congress, Inc

Mailing Address PO Box 1498

City  
Concord

State  
NH

Zip Code  
03302

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kuster, Ann, McLane, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	3

FEC Identification Number

C C00462861

**Transaction ID : 48863188**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Langworthy For Congress

Mailing Address PO Box 120

City  
Clarence

State  
NY

Zip Code  
14031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Langworthy, Nicholas, A., Rep.,**

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: NY

District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	2	3		

FEC Identification Number

C C00817932

**Transaction ID : 48863189**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Matsui For Congress

Mailing Address PO Box 1738

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Matsui, Doris, , Rep.,**

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: CA

District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	2	3		

FEC Identification Number

C C00409219

**Transaction ID : 48863190**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Schneider For Congress

Mailing Address PO Box 1318

City  
Deerfield

State  
IL

Zip Code  
60015

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Schneider, Brad, , Rep.,**

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: IL

District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	2	3		

FEC Identification Number

C C00495952

**Transaction ID : 48863191**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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. Spanberger For Congress

Mailing Address PO Box 3112

City  
Fredericksburg

State  
VA

Zip Code  
22402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Spanberger, Abigail, , Rep.,**

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: VA

District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	2	3		

FEC Identification Number

C C00649913

Transaction ID : 48863193

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Vicente Gonzalez For Congress

Mailing Address PO Box 6270

City  
Brownsville

State  
TX

Zip Code  
78523

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Gonzalez, Vicente, , Rep.,**

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: TX

District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	2	3		

FEC Identification Number

C C00592659

Transaction ID : 48863194

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

21500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Texans for Joan Huffman**

Mailing Address 3733-1 Westheimer #40

City  
Houston

State  
TX

Zip Code  
77027

Purpose of Disbursement  
Void - Texans for Joan Huffman

011

Candidate Name

**Huffman, Joan, , TX Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	13	/	2023

FEC Identification Number

C [ ]

**Transaction ID : 48367434**

Amount of Each Disbursement this Period

[ ] - 1500.00

Void - Texans for Joan Huffman

Memo Item

Full Name (Last, First, Middle Initial)

**B. NACDS PAC - Checking**

Mailing Address 413 N. Lee St.

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
06/21/23 - Xfer

008

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2023

FEC Identification Number

C [ ]

**Transaction ID : 48897228**

Amount of Each Disbursement this Period

[ ] 20000.00

06/21/23 - Xfer

Memo Item

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

M M M	/	D D D	/	Y Y Y Y Y
[ ]	/	[ ]	/	[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 18500.00

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

[ ] 18500.00