PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Association of Chain Drug Stores, Inc. Political Action Committee 1776 Wilson Boulevard ADDRESS (number and street) Suite 200 (Check if address is changed) Arlington 22209 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dfitzsimmons@nacds.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00022368 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Fitzsimmons, David M., , , Type or Print Name of Treasurer Fitzsimmons, David M., , , [Electronically Filed] 03 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Con	nmittee:	_
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, lepublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	,
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	irenated fund or party
(f)	X	committee. (i.e., nonconnected committee)	nogated fully of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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	FEC Form 1 (Revised (02/2009)		Page 3
V	Vrite or Type Committee Name	•		
ı	National Associa	tion of Chain Drug Stores, Inc. P	Political Action C	ommittee
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leadership F	PAC Sponsor
L				
	Mailing Address		VA 22079	
		CITY	STATE ZIP	CODE
	Relationship: Connected		_	hip PAC Sponsor
	books and records.	ntify by name, address (phone number optional) and posit	tion of the person in possess	ion of committee
	Full Name			
	Mailing Address	1776 Wilson Boulevard		
		Suite 200		
		Arlington	VA 22209	
	Title or Position	CITY	STATE ZIP	CODE
	Treasurer		703 - 549	_ 3001
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name a	and address of
	Full Name Fitzsimmon of Treasurer	ns, David M., , ,		
	Mailing Address	1776 Wilson Boulevard		
		Suite 200		
		Arlington	VA 22209	<u> </u>
	Title on Desiries	CITY	STATE ZIP (CODE
	Title or Position Treasurer	Telephone nun	703 - 549	_ 3001

Full Name of Designated Agent	Fitzsimmons, David, , , 7035493001	
Mailing Address	1776 Wilson Blvd	
	Suite 200	
	Arlington VA 22209	1-1
		CODE
Title or Position Treasurer		_ 3001
DAUKS OF CHIEF II	Denositories: List all hanks or other denositories in which the committee denosits funds, holds acc	ounts rents
safety deposit boxe	Depositories: List all banks or other depositories in which the committee deposits funds, holds accies or maintains funds.	ounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds.	ounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds.	ounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	ounts, rents
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safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc. SunTrust Bank	ounts, rents
safety deposit boxe Name of Bank, De	SunTrust Bank 1445 New York Ave, NW Washington DC 20005	code
safety deposit boxe Name of Bank, De	SunTrust Bank 1445 New York Ave, NW Washington CITY STATE ZIP	
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: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Amending Form 1 to change email address of Treasurer to dfitzsimmons@nacds.org

Form/Schedule: Transaction ID: