

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

McKesson Corporation Employees Political Fund

ADDRESS (number and street)

One Post Street

☐(Check if address
is changed)

32nd Floor

San Francisco

CITY ▲

CA

STATE ▲

94104

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

carly.jiricka@mckesson.com

Optional Second E-Mail Address

joseph.ganley@mckesson.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

MM / DD / YYYY
07 / 28 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00108035

4. 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.

Type or Print Name of Treasurer Cavacini, Gene, , ,

Signature of Treasurer

Cavacini, Gene, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 28 / 2017

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

McKesson Corporation Employees Political Fund**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

McKesson Corporation

Mailing Address

One Post Street

32nd Floor

San Francisco

CA

94104

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Advocacy, DDC, , ,

Mailing Address

174 Waterfront Street

Suite 500

National Harbor

MD

20745

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

301

686

8000

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Cavacini, Gene, , ,

Mailing Address

6555 North State Highway 161

Irving

TX

75039

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

972

446

4654

Full Name of
Designated
Agent

Slone, Pete, , ,

Mailing Address

505 9th St NW #901

Washington

CITY

DC

STATE

20004

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

202

638

3833

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank

Mailing Address

PO Box 75000

MC 2250

Detroit

CITY

MI

STATE

48275

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

US Oncology Inc. Network Political Action Committee

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Telephone Number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Vantage Oncology LLC PAC Corporation (Vantage PAC Corporation)

Mailing Address

 -
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name
Mailing Address

 -
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone Number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.
Mailing Address

 -
CITY ▲ STATE ▲ ZIP CODE ▲