

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
National Association of Chain Drug Stores, Inc. Political Action Committee

ADDRESS (number and street) 1776 Wilson Boulevard
Suite 200
Arlington VA 22209
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00022368 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [04] / [01] / [2020] through [06] / [30] / [2020]

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] / [13] / [2020]

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)

Page 2

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="2020"/>	<input type="text" value="272819.13"/>	<input type="text" value="272819.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="212185.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17724.73"/>	<input type="text" value="37097.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="229909.95"/>	<input type="text" value="309917.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17680.05"/>	<input type="text" value="97687.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="212229.90"/>	<input type="text" value="212229.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2020 To: M M / D D / Y Y Y Y Y 06 / 30 / 2020

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).....	17313.00	24242.42
(ii) Unitemized	280.23	1059.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17593.23	25301.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17593.23	36301.47
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.).....	131.50	796.49
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)).....▶	17724.73	37097.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17724.73	37097.96

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	180.05	687.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	180.05	687.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	89500.00
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).....	0.00	7500.00
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)) ..	17680.05	97687.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17680.05	97687.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17593.23	36301.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17593.23	36301.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	180.05	687.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	180.05	687.19

**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 20
<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. Skokan, Mike, , 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) CFO and Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2020

Transaction ID : 44796966

Amount of Each Receipt this Period
83.34

Memo Item

B. Marshall, Jay, , 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) Executive Vice President & Chief Oper
---	--

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
04		30		2020

Transaction ID : 44796968

Amount of Each Receipt this Period
250.00

Memo Item

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

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) Senior Vice President, Chief Health Of
---	---

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
04		30		2020

Transaction ID : 44796969

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
<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. 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
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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
05	/	27	/	2020

Transaction ID : 44807400

Amount of Each Receipt this Period
1000.00

Memo Item

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

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Vice President, Retail Operations
---	--

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	/	28	/	2020

Transaction ID : 44807742

Amount of Each Receipt this Period
1500.00

Memo Item

C. 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) Executive 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
06	/	03	/	2020

Transaction ID : 44817306

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) President and CEO
---	--

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	/	11	/	2020

Transaction ID : 44835808

Amount of Each Receipt this Period
1500.00

Memo Item

B. McCoy, Stephen, P., 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) EVP and CFO
---	--

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	/	12	/	2020

Transaction ID : 44836210

Amount of Each Receipt this Period
1500.00

Memo Item

C. Skokan, Mike, , 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) CFO and Treasurer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2020

Transaction ID : 44956508

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3083.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<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. Skokan, Mike, , 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) CFO and Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2020

Transaction ID : 44956573

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 1776 Wilson Blvd 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) Senior Vice President, Legal Affairs a
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : PR1054895657638

Amount of Each Receipt this Period
673.05

Memo Item

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

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

Mailing Address 1776 Wilson Blvd 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) Senior Vice President, Finance and Adr
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : PR1054896257638

Amount of Each Receipt this Period
673.05

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	1429.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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. 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, Health Policy & Pharma
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : PR1054896957638
 Amount of Each Receipt this Period
 673.05
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. 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 Progran
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : PR1054897957638
 Amount of Each Receipt this Period
 673.05
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. 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
 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, Public Policy and Regu
 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 / 2020
Transaction ID : PR1055174757638
 Amount of Each Receipt this Period
 134.61
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1480.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1776 Wilson Blvd 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) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2020

Transaction ID : PR2202229357638

Amount of Each Receipt this Period
1346.17

Memo Item

P/R Deduction (\$192.31 Bi-Weekly)

B. 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
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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) 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	/	2020

Transaction ID : PR2576388157638

Amount of Each Receipt this Period
140.00

Memo Item

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

C. O'Donnell, Thomas, , 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, Government Affa
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2020

Transaction ID : PR2595770257638

Amount of Each Receipt this Period
1346.17

Memo Item

P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2832.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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. Hampel, Vonnice, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 New Jersey Ave SE
 Apt 809
 City Washington State DC Zip Code 20003-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : PR2645976357638
 Amount of Each Receipt this Period
 134.61
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : PR2700395257638
 Amount of Each Receipt this Period
 269.22
 Memo Item
 P/R Deduction (\$38.46 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

SUBTOTAL of Receipts This Page (optional).....▶	403.83
TOTAL This Period (last page this line number only).....▶	17313.00

**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 13 OF 20
<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 ▼
717.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2020

Transaction ID : 44708710

Amount of Each Receipt this Period
52.60

Memo Item

Mar.20 - 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 ▼
769.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2020

Transaction ID : 44898488

Amount of Each Receipt this Period
51.95

Memo Item

Apr.20 - 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 ▼
796.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2020

Transaction ID : 44898489

Amount of Each Receipt this Period
26.95

Memo Item

May 20 - Bank Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....	131.50
TOTAL This Period (last page this line number only).....	131.50

**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.20 - Bank Fees

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 44796992
 Amount of Each Disbursement this Period

 Apr.20 - Bank 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 20 - Bank Fees

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 44817722
 Amount of Each Disbursement this Period

 May 20 - Bank 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 Jun.20 - Bank Fees

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 44953314
 Amount of Each Disbursement this Period

 Jun.20 - Bank Fees

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Anthony Brown For Congress		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020	
Mailing Address 12138 Central Ave #671		FEC Identification Number C00574640 Transaction ID : 44803408 Amount of Each Disbursement this Period 1000.00	
City Bowie	State MD	Zip Code 20721	Category/ Type 011
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name Brown, Anthony, G., Rep.,		Disbursement For: 2020	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 04		

Full Name (Last, First, Middle Initial) B. Ben Sasse For U.S. Senate, Inc.		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020	
Mailing Address 700 R St Unit 83978		FEC Identification Number C00547976 Transaction ID : 44803409 Amount of Each Disbursement this Period 1500.00	
City Lincoln	State NE	Zip Code 68501	Category/ Type 011
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name Sasse, Benjamin, , ,		Disbursement For: 2020	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District:		

Full Name (Last, First, Middle Initial) C. Chrissy Houlahan For Congress		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020	
Mailing Address PO Box 222		FEC Identification Number C00637371 Transaction ID : 44803410 Amount of Each Disbursement this Period 1000.00	
City Devon	State PA	Zip Code 19333	Category/ Type 011
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name Houlahan, Chrissy, , Rep.,		Disbursement For: 2020	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 06		

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. Heartland Values PAC

Mailing Address PO Box 505

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2020

FEC Identification Number

C00409003

Transaction ID : 44803412

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Blunt Rochester For Congress

Mailing Address PO Box 9767

City
Wilmington

State
DE

Zip Code
19809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: DE

District: 00

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2020

FEC Identification Number

C00590778

Transaction ID : 44803413

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City
Melbourne

State
FL

Zip Code
32941

Purpose of Disbursement

011

Category/
Type

Candidate Name

Posey, Bill, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2019

Primary General
 Other (specify) ▼

State: FL

District: 08

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2020

FEC Identification Number

C00444968

Transaction ID : 44827201

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. Hoyer For Congress

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	8		2	0	2	0		

FEC Identification Number

C C00140715

Transaction ID : 44827202

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McKinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Category/
Type

Candidate Name

McKinley, David, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify)

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	8		2	0	2	0		

FEC Identification Number

C C00473132

Transaction ID : 44827203

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tuesday Group

Mailing Address P. O. BOX 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
Void - Tuesday Group

011

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
0	6		1	8		2	0	2	0		

FEC Identification Number

C C00433060

Transaction ID : 44857099

Amount of Each Disbursement this Period

- 5000.00

Void - Tuesday Group

Memo Item

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

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

- 1500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Bill Posey

Mailing Address P. O. Box 411486

City
Melbourne

State
FL

Zip Code
32941

Purpose of Disbursement
Void - Friends Of Bill Posey

011

Category/
Type

Candidate Name

Posey, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	0

FEC Identification Number

C C00444968

Transaction ID : 44857100

Amount of Each Disbursement this Period

- 1000.00

Void - Friends Of Bill Posey

Memo Item

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address PO Box 10570

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carter, Earl, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify)

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00543967

Transaction ID : 44863492

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cory Gardner For Senate

Mailing Address 9227 E. Lincoln Ave., #200-234

City
Lone Tree

State
CO

Zip Code
80124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gardner, Cory, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00492454

Transaction ID : 44863493

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00502575

Transaction ID : 44863494

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Glenn Thompson

Mailing Address 400 N. Michael Street

City
St. Marys

State
PA

Zip Code
15857

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, Glenn, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify)

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00444620

Transaction ID : 44863496

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
Void - Guthrie For Congress

011

Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2020

FEC Identification Number

C C00445023

Transaction ID : 44863503

Amount of Each Disbursement this Period

- 2500.00

Void - Guthrie For Congress

Memo Item

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

- 500.00

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. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C00445023

Transaction ID : 44863504

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Daines For Montana

Mailing Address PO Box 1598

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daines, Steve, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2019

Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C00491357

Transaction ID : 44863505

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tuesday Group

Mailing Address P. O. BOX 11586

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement

011

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		2	4		2	0	2	0

FEC Identification Number

C00433060

Transaction ID : 44863506

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

9000.00

17500.00