

# 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 11 / 06 / 2018 in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 18 / 2018 through [MM] / [DD] / [YYYY] 11 / 26 / 2018

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

Signature of Treasurer Fitzsimmons, David M., , , [Electronically Filed] Date 12 / 03 / 2018

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="2018"/>	<input type="text" value="201951.81"/>	<input type="text" value="201951.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="167971.33"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="56329.09"/>	<input type="text" value="206788.95"/>
(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="224300.42"/>	<input type="text" value="408740.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="225.75"/>	<input type="text" value="184666.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="224074.67"/>	<input type="text" value="224074.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	51088.91	163776.08
(ii) Unitemized .....	14.43	3466.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51103.34	167242.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	56103.34	204242.75
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.).....	225.75	2546.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	56329.09	206788.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	56329.09	206788.95

**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 .....	225.75	1666.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	225.75	1666.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	167500.00
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	15500.00
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)) ..	225.75	184666.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	225.75	184666.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	56103.34	204242.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56103.34	204242.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	225.75	1666.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	225.75	1666.09

**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 21
	<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. Dougan, Kevin, , 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 President, Procurement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : 42803856**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Laing, Sheila, , Ms.,**  
 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) Executive Vice President, Chief Custom  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : 42803857**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Executive Vice President, Chief Retail  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : 42803859**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<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 21
	<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. Williams, Kristin, , Ms.,**  
 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) Pharmacy Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : 42803860**  
 Amount of Each Receipt this Period 250.00  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thriftway/Zitomer Drug Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2018  
**Transaction ID : 42804146**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Boyan, Craig, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Garryat Road  
 City San Antonio State TX Zip Code 78209-6148  
 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 10 / 30 / 2018  
**Transaction ID : 42811234**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10250.00
<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 21
	<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. Butt, Charles, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 King William

City San Antonio	State TX	Zip Code 78204-1210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Chairman 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
10		30		2018

**Transaction ID : 42811235**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 646 S Main Ave

City San Antonio	State TX	Zip Code 78204-1210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Senior Vice President, Supermarkets, M
--	---

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
10		30		2018

**Transaction ID : 42811236**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 646 S Main Ave

City San Antonio	State TX	Zip Code 78204-1210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) CFO and EVP of Merchandising/Procure
--	---

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
10		30		2018

**Transaction ID : 42811240**

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 9 OF 21
<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. Butt, Stephen, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 646 S. Flores Street

City San Antonio	State TX	Zip Code 78204-1219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) President, Central Market Division
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		30		2018

**Transaction ID : 42811402**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 646 S. Flores Street

City San Antonio	State TX	Zip Code 78204-1219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) SVP General Merchandise & DrugStore
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		30		2018

**Transaction ID : 42811403**

Amount of Each Receipt this Period  
1600.00

Memo Item

**C. Mueller, Jeffrey, , 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) Vice President, Food Service/Restaurant
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		07		2018

**Transaction ID : 42823515**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6650.00
<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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. 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) Assistant Vice President, Financial Re  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.75

Date of Receipt 11 / 07 / 2018  
**Transaction ID : 42823516**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. Rueter, Dave, A., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6055 Nathan Lane #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 Stores Occupation (for Individual) VP of Personnel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2018  
**Transaction ID : 42850594**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Gates, Richard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Durham Court  
 City Lake Forest State IL Zip Code 60045-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Walgreen Co. Occupation (for Individual) Vice President, Pharmacy Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2018  
**Transaction ID : 42850596**  
 Amount of Each Receipt this Period 2000.00  
 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 11 OF 21
<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. Koziel, Jeffrey, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Wilmot Rd

City Deerfield	State IL	Zip Code 60015-4620
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) SVP, Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

**Transaction ID : 42853401**

Amount of Each Receipt this Period  
1255.00

Memo Item

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

Mailing Address 16901 Northridge Ave. N

City Marine On Saint Croix	State MN	Zip Code 55047-4402
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Thrifty White Stores	Occupation (for Individual) Vice President, Operations and Marketi
---	---

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
11	/	20	/	2018

**Transaction ID : 42856747**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 5000 Riverside Drive

City Keasbey	State NJ	Zip Code 08832-1209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wakefern Food Corp./ShopRite	Occupation (for Individual) SVP, Products Division
---	---

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
11	/	20	/	2018

**Transaction ID : 42856879**

Amount of Each Receipt this Period  
3000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4755.00
<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 21
<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. Narveson, Robert, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20984 Fresno Street NW

City Elk River	State MN	Zip Code 55330-8751
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Thrifty White Stores	Occupation (for Individual) President and Chief Executive 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
11	/	26	/	2018

**Transaction ID : 42864722**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	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
11	/	26	/	2018

**Transaction ID : 42865801**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 1776 Wilson Blvd  
Suite 200

City 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, Legal Affairs a
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2211.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2018

**Transaction ID : PR1054895652383**

Amount of Each Receipt this Period  
288.45

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7788.45
<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 13 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Fitzsimmons, David, M., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Finance and Adr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2211.45

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR1054896252383**  
 Amount of Each Receipt this Period 288.45  
 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  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President & Deputy Director, Stat  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2211.45

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR1054896952383**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. Perlowski, Steve, E., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1417-D49  
 City Alexandria State VA Zip Code 22313-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Member Relations & Ind  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 322.92

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR1054897352383**  
 Amount of Each Receipt this Period 42.12  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 619.02  
**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 14 OF 21
	<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. Whitman, James, A., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd  
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2211.45

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR1054897952383**

Amount of Each Receipt this Period 288.45

Memo Item

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

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

Mailing Address 1776 Wilson Blvd  
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Meetings & Internation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.92

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR1055162952383**

Amount of Each Receipt this Period 42.12

Memo Item

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

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

Mailing Address 1776 Wilson Blvd  
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Government Affairs & P

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR1055174752383**

Amount of Each Receipt this Period 57.69

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	388.26
<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 15 OF 21
<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. Miller, Laura, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8373 Pedigree Court

City Gainesville	State VA	Zip Code 20155-3240
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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 Economist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2018

**Transaction ID : PR2183668852383**

Amount of Each Receipt this Period  
42.12

Memo Item

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

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

Mailing Address 1776 Wilson Blvd  
Suite 200

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4423.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2018

**Transaction ID : PR2202229352383**

Amount of Each Receipt this Period  
576.93

Memo Item

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

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

Mailing Address 1776 Wilson Blvd  
Suite 200

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

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

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) SVP, Marketing, Communications, & Me
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2018

**Transaction ID : PR2231851452383**

Amount of Each Receipt this Period  
346.17

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	965.22
<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 21
	<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. Worthington, Dawn, F., Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) VP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 322.92

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR2444803152383**  
 Amount of Each Receipt this Period 42.12  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. Foley, Jennifer, Anne, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1323 West Virginia Ave NE  
 City Washington State DC Zip Code 20002-3829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 884.58

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR2489082352383**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. Juhl, Eric, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Federal Public Policy  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 322.92

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR2576388052383**  
 Amount of Each Receipt this Period 42.12  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	199.62
<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 21
	<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. Knotts, Leigh, , 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, State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR2576388152383**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. O'Donnell, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd  
 Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Federal Gov't Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR2595770252383**  
 Amount of Each Receipt this Period 576.93  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. Boylan, Elisabeth, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Wilson Blvd., Suite 200  
 City Arlington State VA Zip Code 22209-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Communications  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : PR2605272352383**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	666.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
	<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 ▼ 442.29

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : PR2645976352383**  
 Amount of Each Receipt this Period  
 57.69  
 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 ▼ 884.58

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : PR2700395252383**  
 Amount of Each Receipt this Period  
 115.38  
 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 / D D / Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.07
<b>TOTAL</b> This Period (last page this line number only).....▶	51088.91

**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 21
<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  
**Hy-VEE, Inc. Employee's PAC**

Mailing Address 5820 Westown Parkway

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

FEC ID number of contributing federal political committee. **C** C00243659

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
11	/	20	/	2018

**Transaction ID : 42856748**

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
------	-------	----------

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
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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).....	5000.00

**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 20 OF 21
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**National Association of Chain Drug Stores**

Mailing Address 1776 Wilson Blvd. Suite 200

City Arlington	State VA	Zip Code 22209
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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 ▼  
2546.20

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		14		2018

**Transaction ID : 42848892**

Amount of Each Receipt this Period  
225.75

Memo Item

Oct.18-Bank Fees Reimb.

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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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).....▶	225.75
<b>TOTAL</b> This Period (last page this line number only).....▶	225.75

