

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.

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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 / / in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David M. Fitzsimmons

Signature of Treasurer David M. Fitzsimmons [Electronically Filed] Date / /

07 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		98850.83
(b) Cash on Hand at Beginning of Reporting Period.....	62175.76	
(c) Total Receipts (from Line 19)	63412.42	100553.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	125588.18	199404.39
7. Total Disbursements (from Line 31).....	65104.34	138920.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60483.84	60483.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

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).....	55686.31	69994.71
(ii) Unitemized	1429.74	2972.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57116.05	72967.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	62116.05	98967.23
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.).....	1296.37	1586.33
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))..... ▶	63412.42	100553.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	63412.42	100553.56

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	1239.34	1555.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1239.34	1555.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	126500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	1365.00	1365.00
(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)).....	1365.00	1365.00
29. Other Disbursements	500.00	9500.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	65104.34	138920.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65104.34	138920.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	62116.05	98967.23
34. Total Contribution Refunds (from Line 28(d))	1365.00	1365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60751.05	97602.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1239.34	1555.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1239.34	1555.55

**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 48
	<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	

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. Mr. Colin Brainard
Full Name (Last, First, Middle Initial)

Mailing Address 225 I Street NE #407

City Washington	State DC	Zip Code 20002-4494
--------------------	-------------	------------------------

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

Name of Employer National Association of Chain Drug Sto	Occupation 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 / 2016
Transaction ID : 26369503

Amount of Each Receipt this Period
 134.61

Memo Item

B. Mr. Owen Halloran
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woods Drive

City Canton	State NY	Zip Code 13617-1061
----------------	-------------	------------------------

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

Name of Employer Kinney Drugs, Inc.	Occupation Vice President, Professional Services
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2016
Transaction ID : 39331897

Amount of Each Receipt this Period
 365.00

Memo Item

C. Mr. Brett Bremser
Full Name (Last, First, Middle Initial)

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 Hy-Vee Inc.	Occupation Executive Vice President, Western Regi
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : 39347177

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	599.61
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: PAGE 7 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. Mr. Mike Skokan
 Mailing Address 5820 Westown Pkwy
 City State Zip Code
 West Des Moines IA 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hy-Vee Inc. Assistant Vice President, Financial Re
 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 / 06 / 2016
Transaction ID : 39347178
 Amount of Each Receipt this Period
 83.34
 Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Craig C. Painter
 Mailing Address 520 E Main St
 City State Zip Code
 Gouverneur NY 13642-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kinney Drugs, Inc. Chief Executive Officer and Chairman o
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2016
Transaction ID : 39348614
 Amount of Each Receipt this Period
 5000.00
 Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Bridget-ann Hart
 Mailing Address 520 E Main St
 City State Zip Code
 Gouverneur NY 13642-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kinney Drugs, Inc. President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2016
Transaction ID : 39351740
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 10083.34
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 8 OF 48
	<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

Full Name (Last, First, Middle Initial) A. Mr. A.P. Skip Aldridge		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 39360532
Mailing Address 2295 South Ocean Blvd #223		Amount of Each Receipt this Period 1000.00
City Palm Beach	State FL	Zip Code 33480-5380
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Head of Sales Consulting	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ms. Susan Henderson		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 39360592
Mailing Address 734 Wagner Road		Amount of Each Receipt this Period 600.00
City Glenview	State IL	Zip Code 60025-4451
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Rite Aid Corporation	Occupation SVP, Chief Communications Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Mr. James J. Hunter		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 39360594
Mailing Address 200 Campus Drive		Amount of Each Receipt this Period 365.00
City Collegeville	State PA	Zip Code 19426-4903
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer IMS HEALTH	Occupation VP Supplier Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....	1965.00
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 9 OF 48
	<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. Mr. Scott Verner
 Full Name (Last, First, Middle Initial)
 Mailing Address 8146 Emerald Ave
 City Parkland State FL Zip Code 33076-4429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nipro Diagnostics Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016
Transaction ID : 39360619
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Mr. Jon L. Giacomini
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Cardinal PI
 City Dublin State OH Zip Code 43017-1091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicine Shoppe International, Inc. Occupation RVP Pacific North
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016
Transaction ID : 39360621
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Michael Kody
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Morris Drive
 City Chesterbrook State PA Zip Code 19087-5559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AmerisourceBergen Corporation Occupation SVP Finance and Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016
Transaction ID : 39360623
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 10 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. John C. Vayianos		Date of Receipt MM / DD / YYYY 04 / 16 / 2016 Transaction ID : 39360625
Mailing Address 74 20th St		Amount of Each Receipt this Period 1000.00
City Brooklyn	State NY	Zip Code 11232-1101
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer PROFOOT Inc.	Occupation Vice President, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. David L. Leyden		Date of Receipt MM / DD / YYYY 04 / 16 / 2016 Transaction ID : 39360627
Mailing Address 2 S 180 Kent Rd		Amount of Each Receipt this Period 300.00
City Glen Ellyn	State IL	Zip Code 60137-0000
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer /alert Marketing, Inc., A JMI Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Douglas M. Long		Date of Receipt MM / DD / YYYY 04 / 16 / 2016 Transaction ID : 39360629
Mailing Address 173 Clearlake Drive		Amount of Each Receipt this Period 365.00
City Ponte Vedra Beach	State FL	Zip Code 32082-2178
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer IMS HEALTH	Occupation Vice President, Industry Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	1665.00
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 11 OF 48
	<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

Full Name (Last, First, Middle Initial) A. Mr. Darren Singer		Date of Receipt MM / DD / YYYY 04 / 16 / 2016 Transaction ID : 39360631
Mailing Address 700 Pilgrim Way		Amount of Each Receipt this Period 250.00
City Green Bay	State WI	Zip Code 54304-5263
FEC ID number of contributing federal political committee.	C	
Name of Employer Shopko Stores Operating Co., LLC	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Peyton Howell		Date of Receipt MM / DD / YYYY 04 / 16 / 2016 Transaction ID : 39360637
Mailing Address 4724 Carmel Club Drive		Amount of Each Receipt this Period 365.00
City Charlotte	State NC	Zip Code 28226-8016
FEC ID number of contributing federal political committee.	C	
Name of Employer AmerisourceBergen Corporation	Occupation President and SVP, Global Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Mr. David Neu		Date of Receipt MM / DD / YYYY 04 / 16 / 2016 Transaction ID : 39360639
Mailing Address Millennium Three 227 Washington Street		Amount of Each Receipt this Period 2500.00
City Conshohocken	State PA	Zip Code 19428-2086
FEC ID number of contributing federal political committee.	C	
Name of Employer AmerisourceBergen Corporation	Occupation SVP & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3115.00
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 12 OF 48
	<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

Full Name (Last, First, Middle Initial) A. Mr. Steve McCann		Date of Receipt
Mailing Address 8501 W. 132nd Street		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City	State	Transaction ID : 39360642
Savage	MN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
SUPERVALU INC.	Director, Pharmacy Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Steven H. Collis		Date of Receipt
Mailing Address 1300 Morris Drive		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City	State	Transaction ID : 39360652
Chesterbrook	PA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="2500.00"/>
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
AmerisourceBergen Corporation	Senior Vice President and President, A	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Gregg Johnson		Date of Receipt
Mailing Address 527 Chesterfield Lane		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City	State	Transaction ID : 39360660
Barrington	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="365.00"/>
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Trividia Health	SVP North America	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="3115.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<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. Mr. Douglas M. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 Clearlake Drive
 City State Zip Code
 Ponte Vedra Beach FL 32082-2178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IMS HEALTH Vice President, Industry Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2016
Transaction ID : 39360687
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Mr. Mike Popovich
 Full Name (Last, First, Middle Initial)
 Mailing Address 8444 N. 90th Street #100
 City State Zip Code
 Scottsdale AZ 85258-4437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scientific Technologies Corp. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2016
Transaction ID : 39360689
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Mr. James O'Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Sheridan Road
 City State Zip Code
 Evanston IL 60202-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Walgreen Co. SVP, US Healthcare Strategy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2016
Transaction ID : 39360692
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1765.00
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 14 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Mr. Wayne Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Park Ave Fl 6TH
 City New York State NY Zip Code 10022-3506
 Name of Employer Drug Store News Occupation Associate Publisher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 17 / 2016
Transaction ID : 39360694
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Mr Kevin Knightly
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Apple Tree Lane
 City New Canaan State CT Zip Code 06840-2603
 Name of Employer IMS HEALTH Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 17 / 2016
Transaction ID : 39360697
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Mr Flaviv Simihaian
 Full Name (Last, First, Middle Initial)
 Mailing Address 447 Broadway Flr 2
 City New York State NY Zip Code 10013-2562
 Name of Employer iMedicare Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39383416
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	980.00
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 15 OF 48
	<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. Mr. Hossam A. Sadek
Full Name (Last, First, Middle Initial)
Mailing Address 483 Springview Lane
City Phoenixville State PA Zip Code 19460-5760
FEC ID number of contributing federal political committee. **C**
Name of Employer IMS HEALTH Occupation General Manager, Business Lines Americ
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39383418
Amount of Each Receipt this Period 250.00
 Memo Item

B. Mr. Larry Greco
Full Name (Last, First, Middle Initial)
Mailing Address 140 Sandringham South
City Moraga State CA Zip Code 94556-1931
FEC ID number of contributing federal political committee. **C**
Name of Employer Kinney Drugs, Inc. Occupation Director, Kinney Board
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39383423
Amount of Each Receipt this Period 2500.00
 Memo Item

C. Mr. Martin Otto
Full Name (Last, First, Middle Initial)
Mailing Address 646 S Main Ave
City San Antonio State TX Zip Code 78204-1210
FEC ID number of contributing federal political committee. **C**
Name of Employer H-E-B Occupation CFO and EVP of Merchandising/Procurement
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39385185
Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **7750.00**
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 16 OF 48
	<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. Mr. Timothy Weippert
 Full Name (Last, First, Middle Initial)
 Mailing Address 6055 Nathan Lane North
 City Plymouth State MN Zip Code 55442-1674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thrifty White Stores Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39385191
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Mr. Darren Karst
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 473
 City Milwaukee State WI Zip Code 53201-0473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roundy's Supermarkets, Inc. Occupation Chief Financial Officer and Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39385192
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Robert J. Kwait
 Full Name (Last, First, Middle Initial)
 Mailing Address 28325 Belcourt Road
 City Pepper Pike State OH Zip Code 44124-5621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bob Kwait Consulting Group/Kwait & Ass Occupation Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39385194
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 17 OF 48
	<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. Ms. Sheila Laing
Full Name (Last, First, Middle Initial)

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 Hy-Vee Inc. Occupation Executive Vice President, Chief Custom

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2016
Transaction ID : 39395549

Amount of Each Receipt this Period 250.00

Memo Item

B. Mr. Jay Marshall
Full Name (Last, First, Middle Initial)

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 Hy-Vee Inc. Occupation Executive Vice President, Chief Retail

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2016
Transaction ID : 39395550

Amount of Each Receipt this Period 250.00

Memo Item

C. Ms. Kristin Williams
Full Name (Last, First, Middle Initial)

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 Hy-Vee Inc. Occupation Pharmacy Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2016
Transaction ID : 39395551

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 18 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Mr. Ed Kaleta
 Full Name (Last, First, Middle Initial)
 Mailing Address 2916 2nd Street North
 City Arlington State VA Zip Code 22201-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walgreen Co. Occupation Senior Director, Federal Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2016
Transaction ID : 39445939
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mr. Hossam A. Sadek
 Full Name (Last, First, Middle Initial)
 Mailing Address 483 Springview Lane
 City Phoenixville State PA Zip Code 19460-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IMS HEALTH Occupation General Manager, Business Lines Americ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 21 / 2016
Transaction ID : 39452315
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mr. Brett Bremser
 Full Name (Last, First, Middle Initial)
 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 Hy-Vee Inc. Occupation Executive Vice President, Western Regi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2016
Transaction ID : 39480482
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 19 OF 48
	<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. Mr. Mike Skokan
 Full Name (Last, First, Middle Initial)
 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 Hy-Vee Inc. Occupation Assistant Vice President, Financial Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 10 / 2016
Transaction ID : 39480483
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Mr. Stephen P. McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 E Main St
 City Gouverneur State NY Zip Code 13642-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kinney Drugs, Inc. Occupation EVP and CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 01 / 2016
Transaction ID : 39570284
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Mr. Brian Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 E Main St
 City Gouverneur State NY Zip Code 13642-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kinney Drugs, Inc. Occupation V.P. Division of Institutional Rx Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 02 / 2016
Transaction ID : 39570896
 Amount of Each Receipt this Period 1500.00
 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 20 OF 48
	<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. Mr. Brett Bremser
Full Name (Last, First, Middle Initial)

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 Hy-Vee Inc. Occupation Executive Vice President, Western Regi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 08 / 2016
Transaction ID : 39582800

Amount of Each Receipt this Period 100.00

Memo Item

B. Mr. Mike Skokan
Full Name (Last, First, Middle Initial)

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 Hy-Vee Inc. Occupation Assistant Vice President, Financial Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 08 / 2016
Transaction ID : 39582801

Amount of Each Receipt this Period 83.34

Memo Item

C. Mr. Michael D. Duteau RPh
Full Name (Last, First, Middle Initial)

Mailing Address 29 E Main St

City Gouverneur State NY Zip Code 13642-1401

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

Name of Employer Kinney Drugs, Inc. Occupation Director of Pharmacy Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2016
Transaction ID : 39606466

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.34

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 21 OF 48
	<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. Mr. Douglas M. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 Clearlake Drive
 City State Zip Code
 Ponte Vedra Beach FL 32082-2178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IMS HEALTH Vice President, Industry Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : 39729430
 Amount of Each Receipt this Period
 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$365.00 This changes the YTD Total to \$365.00

B. Mr. Hossam A. Sadek
 Full Name (Last, First, Middle Initial)
 Mailing Address 483 Springview Lane
 City State Zip Code
 Phoenixville PA 19460-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IMS HEALTH General Manager, Business Lines Americ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016
Transaction ID : 39729431
 Amount of Each Receipt this Period
 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$250.00

C. Mr. Don L. Bell II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City State Zip Code
 Arlington VA 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 National Association of Chain Drug Sto 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 / 2016
Transaction ID : PR1054895640901
 Amount of Each Receipt this Period
 673.05
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	673.05
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 22 OF 48
	<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. Mr. David M. Fitzsimmons
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto
 Occupation Senior Vice President, Finance and Adm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1249.95

Date of Receipt
 06 / 30 / 2016
Transaction ID : PR1054896240901
 Amount of Each Receipt this Period
 673.05
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. Mrs. Sandra Kay Guckian
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto
 Occupation Vice President & Deputy Director, Stat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1249.95

Date of Receipt
 06 / 30 / 2016
Transaction ID : PR1054896940901
 Amount of Each Receipt this Period
 673.05
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. Mr. James A. Whitman
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto
 Occupation Senior Vice President, Member Programs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1249.95

Date of Receipt
 06 / 30 / 2016
Transaction ID : PR1054897940901
 Amount of Each Receipt this Period
 673.05
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 2019.15
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 23 OF 48
	<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. Mr. Kevin N. Nicholson

Full Name (Last, First, Middle Initial)
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 National Association of Chain Drug Sto
Occupation Vice President, Government Affairs & P

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1055174740901

Amount of Each Receipt this Period
134.61

Memo Item

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

B. Mr. Steve C. Anderson

Full Name (Last, First, Middle Initial)
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 National Association of Chain Drug Sto
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt
06 / 30 / 2016
Transaction ID : PR2202229340901

Amount of Each Receipt this Period
1346.10

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

C. Mr. Christopher Krese

Full Name (Last, First, Middle Initial)
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 National Association of Chain Drug Sto
Occupation SVP, Marketing, Communications, & Medi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.07

Date of Receipt
06 / 30 / 2016
Transaction ID : PR2231851440901

Amount of Each Receipt this Period
807.73

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	2288.44
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 24 OF 48
	<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. Ms. Carol Kelly
Full Name (Last, First, Middle Initial)

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 National Association of Chain Drug Sto Occupation Senior Vice President, Government Affa

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1805.44

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2247598140901

Amount of Each Receipt this Period 972.16

Memo Item

P/R Deduction (\$138.88 Bi-Weekly)

B. Ms. Jennifer Anne Foley
Full Name (Last, First, Middle Initial)

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 National Association of Chain Drug Sto Occupation Director, Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2489082340901

Amount of Each Receipt this Period 269.22

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

C. Mr. Jeff Davis
Full Name (Last, First, Middle Initial)

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 National Association of Chain Drug Sto Occupation Director, Accounting & Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2576387940901

Amount of Each Receipt this Period 112.00

Memo Item

P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1353.38

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 25 OF 48
	<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. Ms. Leigh Knotts
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto Occupation Director, State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2576388140901
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Mr. Thomas O'Donnell
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto Occupation Vice President, Federal Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2595770240901
 Amount of Each Receipt this Period 807.66
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	947.66
TOTAL This Period (last page this line number only).....	55686.31

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Wal-Mart Stores PAC		Date of Receipt MM / DD / YYYY 05 / 12 / 2016 Transaction ID : 39494739
Mailing Address 702 SW 8th Street		Amount of Each Receipt this Period 5000.00
City Bentonville	State AR	Zip Code 72716
FEC ID number of contributing federal political committee. C C00093054	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL 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 27 OF 48
<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

Full Name (Last, First, Middle Initial) A. National Association of Chain Drug Stores		Date of Receipt MM / DD / YYYY 04 / 12 / 2016 Transaction ID : 39394672
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 137.40
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer	Occupation	Mar.16-AMEX Fees Reimb.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.36	

Full Name (Last, First, Middle Initial) B. National Association of Chain Drug Stores		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 Transaction ID : 39479352
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 851.84
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer	Occupation	Apr.16 - Bank Fees Reimb.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1279.20	

Full Name (Last, First, Middle Initial) C. National Association of Chain Drug Stores		Date of Receipt MM / DD / YYYY 06 / 10 / 2016 Transaction ID : 39625562
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 307.13
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer	Occupation	May 16 - Bank Fees Reimb.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1586.33	

SUBTOTAL of Receipts This Page (optional).....▶	1296.37
TOTAL This Period (last page this line number only).....▶	1296.37

**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"/> 24	<input type="checkbox"/> 25	<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.16 - Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39446964

Amount of Each Disbursement this Period

Memo Item
Apr.16 - Merchant Fees

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
Apr.16 - Amex Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39452136

Amount of Each Disbursement this Period

Memo Item
Apr.16 - Amex Fee

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
May.16 - Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39571378

Amount of Each Disbursement this Period

Memo Item
May.16 - Merchant Fees

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Jun.16 - Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39664162

Amount of Each Disbursement this Period

Memo Item
Jun.16 - Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : 39606341

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : 39606342

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gus M. Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : 39606343

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Robert Casey Jr

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606344

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bob W. Goodlatte

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: VA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606345

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Canary Fund

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Canary Fund

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606346

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Castro For Congress

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joaquin Castro

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : 39606377

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charlie W. Dent

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : 39606378

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Chris Coons For Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Chris A. Coons

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	6

Transaction ID : 39606379

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. Coffman For Congress

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606381

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Henry Hank Johnson

Mailing Address 4153 Flat Shoals Parkway
Suite 322, Building C, 2nd Floor

City Decatur State GA Zip Code 30034

Purpose of Disbursement

011

Candidate Name

Rep. Hank C. Johnson Jr.

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 04

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606382

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606383

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606384

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Kelly Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606413

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Kelly Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606414

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"/> 24	<input type="checkbox"/> 25	<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 Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/Type

Candidate Name

Patrick Toomey

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606415

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Charles E. Schumer

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606416

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606417

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bob E. Latta

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606418

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Leahy For U.S. Senator Committee

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Patrick J. Leahy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606419

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David Wayne Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606420

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Marc Veasey Congressional Campaign Committee

Mailing Address PO Box 50084

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Marc Veasey

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: TX District: 33

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606421

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Doris Matsui

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606422

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Michael D. Bishop

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606423

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Mike Thompson

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606424

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moulton For Congress

Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Seth Moulton

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: MA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606425

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Markwayne Mullin

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606426

Amount of Each Disbursement this Period

2500.00

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"/> 24	<input type="checkbox"/> 25	<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. Nancy Pelosi 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

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606427

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Rd

City Media State PA Zip Code 19063

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick L. Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606428

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ben Ray Lujan Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606429

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"/> 24	<input type="checkbox"/> 25	<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. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Derek Kilmer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606431

Amount of Each Disbursement this Period

4,500.00 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39606459

Amount of Each Disbursement this Period

4,500.00 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608404

Amount of Each Disbursement this Period

4,500.00 2500.00

Memo Item

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

4000.00

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"/> 24	<input type="checkbox"/> 25	<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. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Ryan Costello

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608405

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Steve Scalise

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608406

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Tammy Baldwin

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608407

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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"/> 24	<input type="checkbox"/> 25	<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

A. Tiberi For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement Category/Type

Candidate Name **Rep. Pat J. Tiberi**

Office Sought: House Senate President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608408

Amount of Each Disbursement this Period

Memo Item

B. Tom Reed For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement Category/Type

Candidate Name **Rep. Tom Reed**

Office Sought: House Senate President
State: NY District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608410

Amount of Each Disbursement this Period

Memo Item

C. Tulsi For Hawai'i

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75561

City Kapolei State HI Zip Code 96707

Purpose of Disbursement Category/Type

Candidate Name **Rep. Tulsi Gabbard**

Office Sought: House Senate President
State: HI District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608411

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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. Walden For Congress

Mailing Address PO Box 1091

City: Hood River State: OR Zip Code: 97031

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Greg P. Walden

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608412

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City: Mishawaka State: IN Zip Code: 46546

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Jackie Walorski

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608413

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City: Portland State: OR Zip Code: 97232

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Ron Wyden

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : 39608414

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

Transaction ID : 39608415

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Byrne For Congress

Mailing Address PO Box 2743

City State Zip Code
Mobile AL 36652

Purpose of Disbursement

011

Candidate Name

Rep. Bradley Byrne

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	6		

Transaction ID : 39656860

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement

011

Candidate Name

Rep. Erik P. Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	6		

Transaction ID : 39656861

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

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

2	0	0	.	0	0
---	---	---	---	---	---

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

2	0	0	.	0	0
---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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

Rep. Brett Guthrie

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : 39656862

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Marsha Blackburn

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : 39656863

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

3500.00

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

62000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mr. Hossam A. Sadek

Mailing Address 483 Springview Lane

City Phoenixville State PA Zip Code 19460-5760

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 39443436

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Hossam A. Sadek

Mailing Address 483 Springview Lane

City Phoenixville State PA Zip Code 19460-5760

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 39443482

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Douglas M. Long

Mailing Address 173 Clearlake Drive

City Ponte Vedra Beach State FL Zip Code 32082-2178

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 39518721

Amount of Each Disbursement this Period

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mr. Hossam A. Sadek

Mailing Address 483 Springview Lane

City Phoenixville State PA Zip Code 19460-5760

Purpose of Disbursement
Void - Mr. Hossam A. Sadek

Candidate Name

Mr. Hossam A. Sadek

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 39608466

Amount of Each Disbursement this Period

Memo Item
Void - Mr. Hossam A. Sadek

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for Seth Grove

Mailing Address 1854 Ashcombe Drive

City Dover State PA Zip Code 17315

Purpose of Disbursement
Seth Grove, STATE HOUSE 196th PA

Category/
Type

Candidate Name

PA Rep. Seth Grove

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39606380

Amount of Each Disbursement this Period

Memo Item
Seth Grove, STATE HOUSE 196th PA

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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