

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		<input type="text" value="251551.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="251551.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="94711.31"/>	<input type="text" value="94711.31"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="346262.44"/>	<input type="text" value="346262.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92318.03"/>	<input type="text" value="92318.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="253944.41"/>	<input type="text" value="253944.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 01 / 01 / 2019 To: 06 / 30 / 2019

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).....	74108.13	74108.13
(ii) Unitemized	1671.81	1671.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	75779.94	75779.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	17000.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	92779.94	92779.94
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.).....	1931.37	1931.37
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)).....▶	94711.31	94711.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	94711.31	94711.31

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	1818.03	1818.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1818.03	1818.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86500.00	86500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	4000.00	4000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92318.03	92318.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92318.03	92318.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	92779.94	92779.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92779.94	92779.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1818.03	1818.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1818.03	1818.03

**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 45
	<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. Laing, Sheila, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Executive Vice President, Chief Custom
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2019
Transaction ID : 43080827
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Marshall, Jay, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Executive Vice President, Chief Retail
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2019
Transaction ID : 43080828
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Williams, Kristin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Pharmacy Supervisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2019
Transaction ID : 43080829
 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 7 OF 45
<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. Borneman, J.P., , Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 87
 City Bryn Mawr State PA Zip Code 19010-0087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hyland's, Inc. Occupation (for Individual) Chairman and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 06 / 2019**
Transaction ID : 43117151
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Skokan, Mike, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Assistant Vice President, Financial Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt **03 / 05 / 2019**
Transaction ID : 43177984
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Bueche, Jay, , Mr., RPh
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3481 Fredericksburg Rd Ste 2
 City San Antonio State TX Zip Code 78201-3848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) Director Pharmacy Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **03 / 05 / 2019**
Transaction ID : 43178140
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	733.34
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 45
<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. Peterson, Ted, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1390 Chain Bridge Road, Suite 54

City McLean	State VA	Zip Code 22101-3904
----------------	-------------	------------------------

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

Name of Employer (for Individual) CPG Linkages	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2019

Transaction ID : 43239740

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 520 E. Main Street

City Gouverneur	State NY	Zip Code 13642-1561
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2019

Transaction ID : 43243469

Amount of Each Receipt this Period
1500.00

Memo Item

C. Wolfson, Warren, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E Washington St

City Syracuse	State NY	Zip Code 13202-1612
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Attorney at Law, Secretary
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2019

Transaction ID : 43258075

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 45
	<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. Rovner, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Grande Commons, Suite 130
 440 Route 22 E
 City Bridgewater State NJ Zip Code 08807-2477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Zicam LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 27 / 2019**
Transaction ID : 43259444
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Vucurevich, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Buena Vista Drive
 City South Lebanon State OH Zip Code 45065-8744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genoa Healthcare Holdings, LLC Occupation (for Individual) Group Vice President, Pharmacy Purch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 28 / 2019**
Transaction ID : 43259553
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Skokan, Mike, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Assistant Vice President, Financial Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 08 / 2019**
Transaction ID : 43329298
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1533.34
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 10 OF 45
	<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. Ashworth, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 W. Peter Lake

City Hawthorn Woods	State IL	Zip Code 60047-7512
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) President, Operations
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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	/	11	/	2019

Transaction ID : 43336819

Amount of Each Receipt this Period
5000.00

Memo Item

B. Peterson, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1140 Neil Armstrong Blvd
Ste 110

City Eagan	State MN	Zip Code 55121
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Genoa Healthcare Holdings, LLC	Occupation (for Individual) Chief Executive Officer
---	--

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	/	15	/	2019

Transaction ID : 43339487

Amount of Each Receipt this Period
1000.00

Memo Item

C. Griffin, Mark, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 S Minnesota Ave Ste 1

City Sioux Falls	State SD	Zip Code 57105-4746
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lewis Drugs, Inc.	Occupation (for Individual) President and Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2019

Transaction ID : 43346864

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
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 45
<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. McCoy, Stephen, P., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 E Main St
 City Gouverneur State NY Zip Code 13642-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kinney Drugs, Inc. Occupation (for Individual) EVP and CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 19 / 2019**
Transaction ID : 43347288
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Nightengale, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Millenium Three 227 Washington Str
 City Conshohocken State PA Zip Code 19428-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmerisourceBergen Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 24 / 2019**
Transaction ID : 43354651
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Edeker, Randy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3703 133rd Street
 City Urbandale State IA Zip Code 50323-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Chairman, CEO and President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 25 / 2019**
Transaction ID : 43355163
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 45
<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. Sternheim, Sharon, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 969 Madison Ave
 City New York State NY Zip Code 10021-2763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thriftway/Zitomer Drug Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 22 / 2019
Transaction ID : 43355244
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Laing, Sheila, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Executive Vice President, Chief Custom
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2019
Transaction ID : 43355249
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Marshall, Jay, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Executive Vice President, Chief Retail
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2019
Transaction ID : 43355250
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 13 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Williams, Kristin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Pharmacy Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2019
Transaction ID : 43355251
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 04 / 25 / 2019
Transaction ID : 43355270
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Mauch, Robert, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3547 Sawmill Road
 City Newtown Square State PA Zip Code 19073-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmerisourceBergen Corporation Occupation (for Individual) EVP & Group President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 25 / 2019
Transaction ID : 43355286
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
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 45
	<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. Swanson, Richard, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 W Lake Cook Rd Ste 372

City Buffalo Grove	State IL	Zip Code 60089-1991
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Swanson Group, The	Occupation (for Individual) Principal
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2019

Transaction ID : 43355616

Amount of Each Receipt this Period
900.00

Memo Item

B. Aldridge, A.P., Skip, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2295 South Ocean Blvd #223

City Palm Beach	State FL	Zip Code 33480-5380
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Head of Sales Consulting	Occupation (for Individual) President & CEO
---	--

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		26		2019

Transaction ID : 43355618

Amount of Each Receipt this Period
365.00

Memo Item

C. Vayianos, John, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 20th St

City Brooklyn	State NY	Zip Code 11232-1101
------------------	-------------	------------------------

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

Name of Employer (for Individual) PROFOOT Inc.	Occupation (for Individual) Vice President, Sales
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2019

Transaction ID : 43356000

Amount of Each Receipt this Period
500.00

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 15 OF 45
<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. Wahl, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 856 Dow Road

City Bridgewater	State NJ	Zip Code 08807-1171
---------------------	-------------	------------------------

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

Name of Employer (for Individual) QuintilesIMS	Occupation (for Individual) Vice President Global Supplier Service
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2019

Transaction ID : 43356003

Amount of Each Receipt this Period
450.00

Memo Item

B. Dimos, Christopher, T., Mr., RPh
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6555 North State Highway 161

City Irving	State TX	Zip Code 75039-2402
----------------	-------------	------------------------

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

Name of Employer (for Individual) Health Mart	Occupation (for Individual) President, Retail Solutions McKesson F
--	---

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		26		2019

Transaction ID : 43356008

Amount of Each Receipt this Period
365.00

Memo Item

C. Kwait, Todd, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2288 Chatfield Drive

City Cleveland Heights	State OH	Zip Code 44106-3656
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Sheffield Pharmaceuticals	Occupation (for Individual) Corporate Strategic Advisor
--	--

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		26		2019

Transaction ID : 43358212

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1180.00
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 45
<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. Long, Douglas, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 173 Clearlake Drive

City Ponte Vedra Beach	State FL	Zip Code 32082-2178
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) IMS HEALTH	Occupation (for Individual) 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
04	/	26	/	2019

Transaction ID : 43358241

Amount of Each Receipt this Period
365.00

Memo Item

B. Kramer, Bruce, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 N. Locust Street

City Sterling	State IL	Zip Code 61081-9501
------------------	-------------	------------------------

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

Name of Employer (for Individual) Wahl Clipper Corporation	Occupation (for Individual) Vice President, Sales and Marketing, N
---	---

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
04	/	26	/	2019

Transaction ID : 43358265

Amount of Each Receipt this Period
250.00

Memo Item

C. Griffin, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2642 Rankin Run

City Duluth	State GA	Zip Code 30097-4984
----------------	-------------	------------------------

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

Name of Employer (for Individual) STRATACACHE	Occupation (for Individual) EVP Retail Media Networks
--	--

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	/	27	/	2019

Transaction ID : 43360868

Amount of Each Receipt this Period
365.00

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 17 OF 45
<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. Zolezzi, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16921 Via De Santa

City Rancho Santa Fe	State CA	Zip Code 92067-9519
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Twinlab Corporation	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2019

Transaction ID : 43360870

Amount of Each Receipt this Period
450.00

Memo Item

B. Verner, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Nipro Diagnostics	Occupation (for Individual) President & 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	/	27	/	2019

Transaction ID : 43360872

Amount of Each Receipt this Period
5000.00

Memo Item

C. Hunter, James, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Campus Drive

City Collegeville	State PA	Zip Code 19426-4903
----------------------	-------------	------------------------

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

Name of Employer (for Individual) IMS HEALTH	Occupation (for Individual) VP Supplier 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	/	27	/	2019

Transaction ID : 43360873

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5815.00
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 45
<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. Cesnovar, Casey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Wilmot Rd

City Deerfield	State IL	Zip Code 60015-5121
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) Manager, State Government Relations
---	--

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
04	/	27	/	2019

Transaction ID : 43360874

Amount of Each Receipt this Period
250.00

Memo Item

B. Kaleta, Ed, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Walgreen Co.	Occupation (for Individual) Senior Director, Federal Gov't Affairs
---	---

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	/	27	/	2019

Transaction ID : 43360875

Amount of Each Receipt this Period
1000.00

Memo Item

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

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 (for Individual) IMS HEALTH	Occupation (for Individual) General Manager, Business Lines Amer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2019

Transaction ID : 43360878

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 45
	<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. Knightly, Kevin, , Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Apple Tree Lane

City New Canaan	State CT	Zip Code 06840-2603
--------------------	-------------	------------------------

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

Name of Employer (for Individual) IMS HEALTH	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2019

Transaction ID : 43360879

Amount of Each Receipt this Period
450.00

Memo Item

B. Rafferty, George, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Washington Street

City Conshohocken	State PA	Zip Code 19428-2086
----------------------	-------------	------------------------

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

Name of Employer (for Individual) AmerisourceBergen Corporation	Occupation (for Individual) Senior Vice President, Strategic Accou
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2019

Transaction ID : 43360880

Amount of Each Receipt this Period
495.00

Memo Item

C. Mondelli, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 355 Davidsons Mill Rd

City Jamesburg	State NJ	Zip Code 08831-3014
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Wakefern Food Corp./ShopRite	Occupation (for Individual) Vice President, Pharmacy
---	---

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		27		2019

Transaction ID : 43360881

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1345.00
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 20 OF 45
<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. Cartwright, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 South Winston St

City Reynolds	State GA	Zip Code 31076-3205
------------------	-------------	------------------------

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

Name of Employer (for Individual) Sleep Sana	Occupation (for Individual) EVP, Sales
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2019

Transaction ID : 43363725

Amount of Each Receipt this Period
500.00

Memo Item

B. Kwait, Robert, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Bob Kwait Consulting Group/Kwait & Ass	Occupation (for Individual) Chairman
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2019

Transaction ID : 43363726

Amount of Each Receipt this Period
500.00

Memo Item

C. Panzer, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 E Park Center Blvd

City Boise	State ID	Zip Code 83706-3940
---------------	-------------	------------------------

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

Name of Employer (for Individual) Albertsons LLC	Occupation (for Individual) SVP Health and Wellness
---	--

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
05	/	01	/	2019

Transaction ID : 43363974

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 21 OF 45
<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. Clark, Gina, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1075 Rock Creek Rd

City Bryn Mawr	State PA	Zip Code 19010-1900
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AmerisourceBergen Corporation	Occupation (for Individual) EVP and Chief Communications & Adm
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2019

Transaction ID : 43363976

Amount of Each Receipt this Period
450.00

Memo Item

B. Salemi, Daniel, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3030 Culterton Drive

City Franklin Park	State IL	Zip Code 60131
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Albertsons LLC	Occupation (for Individual) President, Pharmacy Division
---	---

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	/	02	/	2019

Transaction ID : 43365750

Amount of Each Receipt this Period
365.00

Memo Item

C. Hart, Bridget-ann, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 E Main St

City Gouverneur	State NY	Zip Code 13642-1561
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2019

Transaction ID : 43470680

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5815.00
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 22 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Skokan, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

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

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

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Assistant Vice President, Financial Re
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2019

Transaction ID : 43470987

Amount of Each Receipt this Period
83.34

Memo Item

B. Skokan, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

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

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

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Assistant Vice President, Financial Re
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2019

Transaction ID : 43568336

Amount of Each Receipt this Period
83.34

Memo Item

C. Keyes, Rick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2929 Walker Ave NW

City Grand Rapids	State MI	Zip Code 49544-6402
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Meijer, Inc.	Occupation (for Individual) Executive VP Supply Chain Ops and Ma
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2019

Transaction ID : 43622318

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2666.68
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 45
	<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. Bubel, Rebecca, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3018 Route 29

City Middle Grove	State NY	Zip Code 12850-1355
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Regional Pharmacy Manager
---	--

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
06		27		2019

Transaction ID : 43626790

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address 1776 Wilson Blvd
Suite 200

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

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

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Senior Vice President, Legal Affairs a
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : PR1054895653049

Amount of Each Receipt this Period
1249.95

Memo Item

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

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

Mailing Address 1776 Wilson Blvd
Suite 200

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

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

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Senior Vice President, Finance and Adr
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : PR1054896253049

Amount of Each Receipt this Period
1249.95

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	2864.90
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 45
	<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. Guckian, Sandra, Kay, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President & Deputy Director, Stat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2019
Transaction ID : PR1054896953049

Amount of Each Receipt this Period 1249.95

Memo Item

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

B. Whitman, James, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2019
Transaction ID : PR1054897953049

Amount of Each Receipt this Period 1249.95

Memo Item

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

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

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2019
Transaction ID : PR1055174753049

Amount of Each Receipt this Period 249.99

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	2749.89
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 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.97

Date of Receipt 06 / 30 / 2019
Transaction ID : PR2202229353049

Amount of Each Receipt this Period 2499.97

Memo Item

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

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

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.07

Date of Receipt 06 / 30 / 2019
Transaction ID : PR2231851453049

Amount of Each Receipt this Period 1500.07

Memo Item

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

C. Knotts, Leigh, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington State VA Zip Code 22209-2516

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, State Government Affairs

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2019
Transaction ID : PR2576388153049

Amount of Each Receipt this Period 260.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 4260.04

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 26 OF 45
	<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. O'Donnell, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd
 Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Federal Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.97

Date of Receipt 06 / 30 / 2019
Transaction ID : PR2595770253049
 Amount of Each Receipt this Period 2499.97
 Memo Item
 P/R Deduction (\$192.31 Bi-Weekly)

B. Hampel, Vonnie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 New Jersey Ave SE
 Apt 809
 City Washington State DC Zip Code 20003-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2019
Transaction ID : PR2645976353049
 Amount of Each Receipt this Period 249.99
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2019
Transaction ID : PR2700395253049
 Amount of Each Receipt this Period 499.98
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	3249.94
TOTAL This Period (last page this line number only).....	74108.13

**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 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. AmerisourceBergen Corp. PAC (ABC PAC)

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

Mailing Address 1300 Morris Drive
Suite 100

City Chesterbrook State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C** C00400929

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2019

Transaction ID : 43162520

Amount of Each Receipt this Period
5000.00

Memo Item

B. Pharmavite PAC

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

Mailing Address 8510 Blalboa Boulevard

City Northridge State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C** C00410654

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2019

Transaction ID : 43177985

Amount of Each Receipt this Period
2000.00

Memo Item

C. Walgreen Co. PAC

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

Mailing Address 104 Wilnot Road, M.S.
#1447

City Deerfield State IL Zip Code 60015-6200

FEC ID number of contributing federal political committee. **C** C00160770

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2019

Transaction ID : 43177986

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12000.00
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 28 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cardinal Health Inc. PAC

Mailing Address 7000 CARDINAL PLACE

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00332833

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

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
03	/	12	/	2019

Transaction ID : 43219722

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	17000.00

**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 29 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. National Association of Chain Drug Stores
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd. Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2019

Transaction ID : 43058701

Amount of Each Receipt this Period
336.76

Memo Item

Dec.18 - Bank Fees Reimb.

B. National Association of Chain Drug Stores
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd. Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2019

Transaction ID : 43162076

Amount of Each Receipt this Period
168.09

Memo Item

Jan.19 - Bank Fees Reimb.

C. National Association of Chain Drug Stores
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd. Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
583.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2019

Transaction ID : 43249715

Amount of Each Receipt this Period
78.90

Memo Item

Feb.19 Bank Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....	583.75
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 30 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. National Association of Chain Drug Stores

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1776 Wilson Blvd. Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
655.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2019

Transaction ID : 43326096

Amount of Each Receipt this Period
71.90

Memo Item

Mar.19 - Bank Fees Reimb.

B. National Association of Chain Drug Stores

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1776 Wilson Blvd. Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1121.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2019

Transaction ID : 43456683

Amount of Each Receipt this Period
465.61

Memo Item

Apr.19 Bank Fees Reimb.

C. National Association of Chain Drug Stores

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1776 Wilson Blvd. Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1931.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2019

Transaction ID : 43568358

Amount of Each Receipt this Period
810.11

Memo Item

May 19 -Bank Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....	1347.62
TOTAL This Period (last page this line number only).....	1931.37

**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"/> 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
Feb.19 - Bank Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : 43239044

Amount of Each Disbursement this Period

[REDACTED] 78.90

Feb.19 - Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Mar.19 - Bank Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : 43304388

Amount of Each Disbursement this Period

[REDACTED] 71.90

Mar.19 - Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Apr.19 - Bank Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : 43403894

Amount of Each Disbursement this Period

[REDACTED] 465.61

Apr.19 - Bank Fees

Memo Item

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

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

[REDACTED] 616.41

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
May 19 - Bank Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2019

FEC Identification Number

C []

Transaction ID : 43567922

Amount of Each Disbursement this Period

[] 810.11

May 19 - Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Jun.19 - Bank Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2019

FEC Identification Number

C []

Transaction ID : 43639713

Amount of Each Disbursement this Period

[] 223.42

Jun.19 - Bank Fees

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

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 1033.53

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

[] 1649.94

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Welch For Congress

Mailing Address PO Box 1682

City
Burlington

State
VT

Zip Code
05401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Welch, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	9

FEC Identification Number

C C00413179

Transaction ID : 43166762

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Diana Degette For Congress

Mailing Address P.O. Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	9

FEC Identification Number

C C00311639

Transaction ID : 43307703

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

Veasey, Marc, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	9

FEC Identification Number

C C00506832

Transaction ID : 43307704

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee

Mailing Address PO Box 1496

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement

011

Category/
Type

Candidate Name

McConnell, Mitch, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: KY

District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2019

FEC Identification Number

C C00193342

Transaction ID : 43307705

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Daines For Montana

Mailing Address PO Box 1598

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daines, Steve, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: MT

District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2019

FEC Identification Number

C C00491357

Transaction ID : 43307706

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Swalwell For Congress

Mailing Address P.O. Box 2847

City
Dublin

State
CA

Zip Code
94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Swalwell, Eric, M., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: CA

District: 15

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2019

FEC Identification Number

C C00502294

Transaction ID : 43307708

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2019

Mailing Address 430 South Capitol St, SE
2nd Floor

City Washington State DC Zip Code 20003

FEC Identification Number

C C00000935

Transaction ID : 43355112

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2019

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

FEC Identification Number

C C00042366

Transaction ID : 43355113

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Future Forum PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2019

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

FEC Identification Number

C C00625988

Transaction ID : 43355115

Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2019

FEC Identification Number

C C00140715

Transaction ID : 43355116

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 2nd St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2019

FEC Identification Number

C C00027466

Transaction ID : 43355118

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NEW DEMOCRAT COALITION PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2019

FEC Identification Number

C C00409730

Transaction ID : 43355119

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 2201 WISCONSIN AVE NW
SUITE 320

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43355120

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Rounds For Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

Category/
Type

Candidate Name
Rounds, Mike, , Sen.,

Office Sought: House Senate President
State: SD District:

Disbursement For: 2020 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43355121

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. The National Republican Congressional Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43355122

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"/> 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. Tuesday Group		Date of Disbursement MM / DD / YYYY 04 / 24 / 2019
Mailing Address P. O. BOX 11586		FEC Identification Number C00433060 Transaction ID : 43355123 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20008
Purpose of Disbursement	Category/Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Buddy Carter For Congress		Date of Disbursement MM / DD / YYYY 06 / 06 / 2019
Mailing Address PO Box 10570		FEC Identification Number C00543967 Transaction ID : 43568293 Amount of Each Disbursement this Period 2000.00
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement	Category/Type 011	
Candidate Name Carter, Earl, , ,	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) C. Collins For Senator		Date of Disbursement MM / DD / YYYY 06 / 06 / 2019
Mailing Address PO Box 1096		FEC Identification Number C00314575 Transaction ID : 43568294 Amount of Each Disbursement this Period 1500.00
City Bangor	State ME	Zip Code 04402
Purpose of Disbursement	Category/Type 011	
Candidate Name Collins, Susan, M., Sen.,	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cory Gardner For Senate

Mailing Address 9227 E Lincoln Ave #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement

011

Category/Type

Candidate Name

Gardner, Cory, , Sen.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2019

FEC Identification Number

C C00492454

Transaction ID : 43568295

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McCarthy Victory Fund

Mailing Address 439 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2019

FEC Identification Number

C

Transaction ID : 43568296

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

011

Category/Type

Candidate Name

Kelly, Mike, , Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2019

FEC Identification Number

C C00474189

Transaction ID : 43568297

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Peters For Michigan

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 32072

City Detroit State MI Zip Code 48244

Purpose of Disbursement 011 Category/Type

Candidate Name
Peters, Gary, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 06 / 06 / 2019

FEC Identification Number: C00437889
Transaction ID : 43568298
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Quigley For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 2652 N Southport Avenue Unit E

City Chicago State IL Zip Code 60614

Purpose of Disbursement 011 Category/Type

Candidate Name
Quigley, Michael, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 05

Date of Disbursement: 06 / 06 / 2019

FEC Identification Number: C00457556
Transaction ID : 43568299
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Texans For Jodey Arrington

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6687

City Lubbock State TX Zip Code 79493

Purpose of Disbursement 011 Category/Type

Candidate Name
Arrington, Jodey, Cook, Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 19

Date of Disbursement: 06 / 06 / 2019

FEC Identification Number: C00588657
Transaction ID : 43568300
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"/> 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. Volunteers For Shimkus

Mailing Address PO Box 661

City
Collinsville

State
IL

Zip Code
62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shimkus, John, M., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2019

FEC Identification Number

C00258855

Transaction ID : 43568302

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 400

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eshoo, Anna, G., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C00258475

Transaction ID : 43622007

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Higgins For Congress

Mailing Address PO Box 28

City
Buffalo

State
NY

Zip Code
14220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Higgins, Brian, M., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C00401034

Transaction ID : 43622008

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	9

FEC Identification Number

C C00502575

Transaction ID : 43622009

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine Clark For Congress

Mailing Address PO Box 159

City
Belmont

State
MA

Zip Code
02478

Purpose of Disbursement

011

Category/
Type

Candidate Name

Clark, Katherine, M, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	9

FEC Identification Number

C C00541888

Transaction ID : 43622010

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kind, Ron, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	9

FEC Identification Number

C C00312017

Transaction ID : 43622011

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item

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

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

3	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011

Category/Type

Candidate Name

McConnell, Mitch, , Sen.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C00193342

Transaction ID : 43622013

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TIM PAC

Mailing Address 1409 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C00495887

Transaction ID : 43622014

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address PO Box 490

City Saint Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/Type

Candidate Name

Upton, Frederick, Stephen, Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2019

FEC Identification Number

C00200584

Transaction ID : 43622015

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wyden for Oregon

Mailing Address PO Box 3271

City
Portland

State
OR

Zip Code
97208

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	9

FEC Identification Number

C []

Transaction ID : 43622016

Amount of Each Disbursement this Period

[] 2500.00 []

Memo Item

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

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

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

[] 2500.00 []

[] 86500.00 []

**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"/> 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. Build PA PAC

Mailing Address PO Box 412

City
Harrisburg

State
PA

Zip Code
17108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2019

FEC Identification Number

C []

Transaction ID : 43166760

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

011

Category/
Type

Candidate Name
Grove, Seth, , PA Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2019

FEC Identification Number

C []

Transaction ID : 43355111

Amount of Each Disbursement this Period

[] 1000.00

Seth Grove, STATE HOUSE 196th PA

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Judy Ward

Mailing Address 3521 Sylvan Heights Drive

City
Hollidaysburg

State
PA

Zip Code
16648

Purpose of Disbursement
Judith Ward, STATE SENATE 30th PA

011

Category/
Type

Candidate Name
Ward, Judith, , PA Sen.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2019

FEC Identification Number

C []

Transaction ID : 43355114

Amount of Each Disbursement this Period

[] 1000.00

Judith Ward, STATE SENATE 30th PA

Memo Item

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

[] 4000.00

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

[] 4000.00