

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00022368 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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

Signature of Treasurer Fitzsimmons, David M., , , Date 04 / 03 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>	<input type="text" value="234885.20"/>	<input type="text" value="234885.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="234885.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17547.65"/>	<input type="text" value="17547.65"/>
(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="252432.85"/>	<input type="text" value="252432.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16365.91"/>	<input type="text" value="16365.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="236066.94"/>	<input type="text" value="236066.94"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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 / 2024 To: 03 / 31 / 2024

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).....	11749.02	11749.02
(ii) Unitemized	432.72	432.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12181.74	12181.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17181.74	17181.74
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.).....	365.91	365.91
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)).....▶	17547.65	17547.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17547.65	17547.65

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	365.91	365.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	365.91	365.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	16365.91	16365.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16365.91	16365.91

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)	17181.74	17181.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17181.74	17181.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	365.91	365.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	365.91	365.91

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Narveson, Robert, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6055 Nathan Ln N Ste 200
 City Plymouth State MN Zip Code 55442-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **02 / 03 / 2024**
Transaction ID : 49799543
 Amount of Each Receipt this Period 625.00
 Memo Item

B. Faulks, Jeremy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6055 Nathan Ln N Ste 200
 City Plymouth State MN Zip Code 55442-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) Vice President - Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **03 / 14 / 2024**
Transaction ID : 50054395
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. Nightengale, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5045 Jewell Ter
 City Palm Harbor State FL Zip Code 34685-2697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Neighbor Pharmacy Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 31 / 2024**
Transaction ID : 50139882
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8625.00
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 17
	<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. Fitzsimmons, David, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 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 ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : PR1054896269872
 Amount of Each Receipt this Period
 576.90
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. Guckian, Sandra, Kay, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, State Pharmacy and Ac
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : PR1054896969872
 Amount of Each Receipt this Period
 576.90
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. Whitman, James, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Ste 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Member Prograr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : PR1054897969872
 Amount of Each Receipt this Period
 576.90
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1730.70
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1776 Wilson Blvd Ste 200

City Arlington	State VA	Zip Code 22209-2516
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) President and Chief Executive Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1162.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2024

Transaction ID : PR2202229369872

Amount of Each Receipt this Period
1162.50

Memo Item

P/R Deduction (\$193.75 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ayotte, Michael, Joseph, Mr.,

Mailing Address 1776 Wilson Blvd Ste 200

City Arlington	State VA	Zip Code 22209-2516
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) SVP Pharmacy, Transformation and Ac
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2024

Transaction ID : PR2779911769872

Amount of Each Receipt this Period
230.82

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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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).....▶	1393.32
TOTAL This Period (last page this line number only).....▶	11749.02

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 17
<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
Wal-Mart Stores PAC

Mailing Address 702 SW 8th Street

City Bentonville	State AR	Zip Code 72716
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FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		20		2024

Transaction ID : 50120740

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. National Association of Chain Drug Stores		Date of Receipt
Mailing Address 1776 Wilson Blvd. Suite 200		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2024"/>
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 49766299
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="234.03"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="234.03"/>	Jan.24 - Merchant Fees Reimb.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. National Association of Chain Drug Stores		Date of Receipt
Mailing Address 1776 Wilson Blvd. Suite 200		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2024"/>
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 49930744
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="58.95"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="292.98"/>	Feb.24 - Merchant Fees Reimb.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. National Association of Chain Drug Stores		Date of Receipt
Mailing Address 1776 Wilson Blvd. Suite 200		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2024"/>
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 50039251
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="20.98"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="313.96"/>	Mar.24 - AMEX Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="313.96"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

Mailing Address 1776 Wilson Blvd. Suite 200

City Arlington	State VA	Zip Code 22209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	12	/	2024

Transaction ID : 50040090

Amount of Each Receipt this Period
51.95

Memo Item

Mar.24 - Merchant Fees Reimb.

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	51.95
TOTAL This Period (last page this line number only).....	365.91

**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

Jan.24 - PAC Merchant Fees

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 : 49766298

Amount of Each Disbursement this Period

Memo Item Jan.24 - PAC Merchant Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Feb.24 - PAC Merchant Fees

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 : 49930732

Amount of Each Disbursement this Period

Memo Item Feb.24 - PAC Merchant Fees

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

Mar.24 - AMEX Fees

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 : 50039250

Amount of Each Disbursement this Period

Memo Item Mar.24 - AMEX Fees

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b with checkboxes.

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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 Mar.24 - Merchant Fees

Category/Type 001

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date: 03 / 12 / 2024

FEC Identification Number

FEC ID: C

Transaction ID : 50040088

Amount of Each Disbursement this Period

Amount: 51.95

Memo Item Mar.24 - Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date: / /

FEC Identification Number

FEC ID: C

Amount of Each Disbursement this Period

Amount: /

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date: / /

FEC Identification Number

FEC ID: C

Amount of Each Disbursement this Period

Amount: /

Memo Item

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

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

51.95

365.91

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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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. Blake Moore For Congress

Mailing Address 358 South 700 E B505

City Salt Lake City State UT Zip Code 84102

Purpose of Disbursement

Category/Type: 011

Candidate Name

Moore, Blake, , Rep.,

Office Sought: [X] House [] Senate [] President State: UT District: 01

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date: 02 / 01 / 2024

FEC Identification Number

C C00738872

Transaction ID : 49796015

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Carol For Congress

Mailing Address 228 S. Washington Street Suite 115

City Alexandria State WV Zip Code 22314

Purpose of Disbursement

Category/Type: 011

Candidate Name

Miller, Carol, , Rep.,

Office Sought: [X] House [] Senate [] President State: WV District: 01

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date: 02 / 01 / 2024

FEC Identification Number

C C00653220

Transaction ID : 49796017

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement

Category/Type: 011

Candidate Name

Smith, Jason, , Rep.,

Office Sought: [X] House [] Senate [] President State: MO District: 08

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date: 02 / 01 / 2024

FEC Identification Number

C C00541862

Transaction ID : 49796020

Amount of Each Disbursement this Period

1000.00

[] Memo Item

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

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

3000.00

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. Kustoff For Congress

Mailing Address PO Box 58823

City
Nashville

State
TN

Zip Code
37205

Purpose of Disbursement

011

Candidate Name

Kustoff, David, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: TN District: 08

Disbursement For: 2024

Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00614826

Transaction ID : 49796022

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rick W. Allen For Congress

Mailing Address P. O. Box 338

City
Augusta

State
GA

Zip Code
30903

Purpose of Disbursement

011

Candidate Name

Allen, Rick, W., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: GA District: 12

Disbursement For: 2024

Primary General
 Other (specify)

Date of Disbursement

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

FEC Identification Number

C C00504019

Transaction ID : 49796025

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City
Homewood

State
AL

Zip Code
35209

Purpose of Disbursement

011

Candidate Name

Palmer, Gary, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: AL District: 06

Disbursement For: 2024

Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00551374

Transaction ID : 49956332

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. Lisa Blunt Rochester For Senate

Mailing Address P.O. Box 9767

City
Wilmington

State
DE

Zip Code
19809

Purpose of Disbursement

011

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: DE District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

FEC Identification Number

C C00843391

Transaction ID : 49956333

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City
Christiansburg

State
VA

Zip Code
24068

Purpose of Disbursement

011

Candidate Name

Griffith, Morgan, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: VA District: 09

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

FEC Identification Number

C C00477240

Transaction ID : 49956334

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Buddy Carter For Congress

Mailing Address 406 Purple Finch Dr

City
Pooler

State
GA

Zip Code
31322

Purpose of Disbursement

011

Candidate Name

Carter, Buddy, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: GA District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C C00543967

Transaction ID : 50136207

Amount of Each Disbursement this Period

2500.00

Memo Item

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. Friends Of Raja For Congress

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement

011

Category/
Type

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2024

FEC Identification Number

C C00575092

Transaction ID : 50136208

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Raja For Congress

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement

Void - Friends Of Raja For Congress

011

Category/
Type

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2024

FEC Identification Number

C C00575092

Transaction ID : 50136229

Amount of Each Disbursement this Period

- 1500.00

Memo Item Void - Friends Of Raja For Congress

Full Name (Last, First, Middle Initial)

C. Friends Of Raja For Congress

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement

011

Category/
Type

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2023
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2024

FEC Identification Number

C C00575092

Transaction ID : 50138208

Amount of Each Disbursement this Period

1500.00

Memo Item

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

1500.00

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

16000.00
