

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) 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

(Check if address is changed)

Suite 200

Arlington

CITY

VA

STATE

22209

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

dfitzsimmons@nacds.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 / 29 / 2019

3. FEC IDENTIFICATION NUMBER

C C00022368

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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., , ,

[Electronically Filed]

Date

03 / 29 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Fitzsimmons, David M., , ,

Mailing Address 1776 Wilson Boulevard

Suite 200

Arlington VA 22209

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 703 - 549 - 3001

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Fitzsimmons, David M., , ,

Mailing Address 1776 Wilson Boulevard

Suite 200

Arlington VA 22209

Title or Position Treasurer

CITY

STATE

ZIP CODE

Treasurer

Telephone number 703 - 549 - 3001

Full Name of Designated Agent

Fitzsimmons, David, , ,

Mailing Address

1776 Wilson Blvd

Suite 200

Arlington

VA

22209

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

703

549

3001

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

1445 New York Ave, NW

Washington

DC

20005

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+19A-N5HCB

Form/Schedule: F1N

Transaction ID :

Correcting form 1 filed on 3/26/19 - it incorrectly listed us under question 5 f, when we are a 5 e separate segregated fund

Form/Schedule:

Transaction ID: