

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

Check if different than previously reported. (ACC) Arlington VA 22209

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

C C00022368

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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

Fitzsimmons, David M., , ,

Type or Print Name of Treasurer

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

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="2019"/>		251551.13
(b) Cash on Hand at Beginning of Reporting Period.....	253944.41	
(c) Total Receipts (from Line 19)	100051.01	194762.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	353995.42	446313.45
7. Total Disbursements (from Line 31).....	81176.29	173494.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	272819.13	272819.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	78205.97	152314.10
(ii) Unitemized	422.53	2094.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	78628.50	154408.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	20000.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	98628.50	191408.44
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.).....	1422.51	3353.88
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)).....▶	100051.01	194762.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100051.01	194762.32

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	1176.29	2994.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1176.29	2994.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	155000.00
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).....	11500.00	15500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81176.29	173494.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81176.29	173494.32

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)	98628.50	191408.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	98628.50	191408.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1176.29	2994.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1176.29	2994.32

**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 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. 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) CFO and Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2019

Transaction ID : 43669112

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 4025 Delridge Way SW Ste 400

City Seattle	State WA	Zip Code 98106-1273
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Bartell Drug Company	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
07		10		2019

Transaction ID : 43669118

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5820 Westown Parkway

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) Chief Human Resources Officer & EVP,
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2019

Transaction ID : 43707319

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.34
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 7 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. 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 Opera
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 43707320
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Williams, Kristin, , Mrs.,
 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) Senior Vice President, Chief Health Of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 18 / 2019
Transaction ID : 43707321
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lane, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 Riverside Dr
 City Keasbey State NJ Zip Code 08832-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wakefern Food Corp./ShopRite Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 43750772
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 8 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores, Inc. Political Action Committee

A. Gonzales, Nicholas, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1014 Vine St
 City Cincinnati State OH Zip Code 45202-1141
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) The Kroger Co. Occupation (for Individual) Health and Wellness Compliance Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 43752201
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Norman, Craig, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 646 S. Flores St
 City San Antonio State TX Zip Code 78204-1219
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) H-E-B Occupation (for Individual) Senior Vice President, Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 43769257
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Konrad, Jocelyn, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hunter Ln
 City Camp Hill State PA Zip Code 17011-2400
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) Executive Vice President, Pharmacy and
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 13 / 2019
Transaction ID : 43772851
 Amount of Each Receipt this Period 450.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3400.00
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 55
<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. Amani, Sara, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Seaview Blvd

City Port Washington	State NY	Zip Code 11050-4610
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hercules Pharmaceuticals	Occupation (for Individual) CEO
---	------------------------------------

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
08		13		2019

Transaction ID : 43772871

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 27 Seaview Blvd

City Port Washington	State NY	Zip Code 11050-4610
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hercules Pharmaceuticals	Occupation (for Individual) President
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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
08		13		2019

Transaction ID : 43772872

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 27 Seaview Blvd

City Port Washington	State NY	Zip Code 11050-4610
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hercules Pharmaceuticals	Occupation (for Individual) CFO and Chief Strategy 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
08		13		2019

Transaction ID : 43772874

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) CFO and Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

Transaction ID : 43779110

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 1390 Chain Bridge Rd Suite 54

City McLean	State VA	Zip Code 22101-3904
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : 43779719

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 200 Wilnot Rd 2273

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

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) SVP, Pharmacy and Healthcare
---	---

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
08		19		2019

Transaction ID : 43807885

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3033.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
<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. Shah, Rina, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Wilmot Rd

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

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) Vice President, Pharmacy Operations a
---	--

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
08	/	20	/	2019

Transaction ID : 43812363

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 969 Madison Ave

City New York	State NY	Zip Code 10021-2763
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Zitomer/Thriftway Drug Corp.	Occupation (for Individual) President
---	--

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
08	/	20	/	2019

Transaction ID : 43812676

Amount of Each Receipt this Period
450.00

Memo Item

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

Name of Employer (for Individual) Zitomer/Thriftway Drug Corp.	Occupation (for Individual) President
---	--

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
08	/	20	/	2019

Transaction ID : 43812706

Amount of Each Receipt this Period
4100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4800.00
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 55
<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. Badgley, Lisa, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Wilmot Rd

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

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) Senior Vice President, Pharmacy & Ret
---	--

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
08	/	21	/	2019

Transaction ID : 43812908

Amount of Each Receipt this Period
250.00

Memo Item

B. Bueche, Jay, , Mr., RPh
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 646 S. Flores St

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

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Director of Third Party/Managed Care
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2019

Transaction ID : 43812991

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 3005 Chastain Meadows Pkwy
Suite 300

City Marietta	State GA	Zip Code 30066-3395
------------------	-------------	------------------------

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

Name of Employer (for Individual) HTL-Strefa, Inc.	Occupation (for Individual) Vice President, North America
---	--

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
08	/	23	/	2019

Transaction ID : 43815766

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Erdle, Timothy, , Mr.,		Date of Receipt
Mailing Address 6055 Nathan Lane N Ste 200		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2019"/>
City Plymouth	State MN	Zip Code 55442-1675
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 43815767
Name of Employer (for Individual) Thrifty White Pharmacy		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Executive VP Store Operations		<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="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. White, Dirk, , ,		Date of Receipt
Mailing Address 117 Granite Creek Rd		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2019"/>
City Sitka	State AK	Zip Code 99835-9578
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 43819357
Name of Employer (for Individual) White's Pharmacy		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Occupation (for Individual) Vice President		<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="450.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Moore, Warren, , Mr.,		Date of Receipt
Mailing Address 2608 SE J St Ste 8		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2019"/>
City Bentonville	State AR	Zip Code 72712-3767
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 43819359
Name of Employer (for Individual) Walmart		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Occupation (for Individual) Vice President, Pharmacy Operations		<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="450.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 55
<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. 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 P
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 815.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 43819360
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Jhaveri, Nimesh, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6555 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 43819361
 Amount of Each Receipt this Period 450.00
 Memo Item

C. Kaminsky, Kirk, , Mr.,
 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, Pharmaceutical Solutions an
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 43819362
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1900.00
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 55
	<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. Salemi, Daniel, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 E Parkcenter Blvd

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

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

Name of Employer (for Individual) Albertsons Companies	Occupation (for Individual) Group V.P. Pharmacy Services
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
815.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2019

Transaction ID : 43819363

Amount of Each Receipt this Period
450.00

Memo Item

B. 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 of Pharmacy, Health an
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2019

Transaction ID : 43819364

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 1100 Holland Dr

City Boca Raton	State FL	Zip Code 33487-2701
--------------------	-------------	------------------------

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

Name of Employer (for Individual) IM HealthScience	Occupation (for Individual) Chief Executive Officer, Physician's S
---	---

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
08		26		2019

Transaction ID : 43819365

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 55
<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. Lindholz, Colleen, Renee, Mrs., RPh
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Race St Fl 5
 City Cincinnati State OH Zip Code 45202-2347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Kroger Co. Occupation (for Individual) President, Kroger Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 43819366
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Griffin, Jeffrey, , 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 ▼ 730.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 43819367
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Jackson, Alethia, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1399 New York Ave NW Ste 725
 City Washington State DC Zip Code 20005-4764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walgreen Co. Occupation (for Individual) Senior Director, Federal Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 43819419
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1065.00
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 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 646 S. Flores St

City San Antonio	State TX	Zip Code 78204-1219
---------------------	-------------	------------------------

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

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Chief Operating Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2019

Transaction ID : 43819440

Amount of Each Receipt this Period
5000.00

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) CFO and Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2019

Transaction ID : 43898329

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 646 S. Flores St

City San Antonio	State TX	Zip Code 78204-1219
---------------------	-------------	------------------------

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

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Chairman and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2019

Transaction ID : 44055135

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10083.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
<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) CFO and Treasurer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2019

Transaction ID : 44064942

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 5820 Westown Parkway

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) Chief Human Resources Officer & EVP
---	--

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
10		22		2019

Transaction ID : 44094423

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 Opera
---	---

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
10		22		2019

Transaction ID : 44094426

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.34
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 19 OF 55
<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. Williams, Kristin, , Mrs.,
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) Senior Vice President, Chief Health Of
---	---

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
10	/	22	/	2019

Transaction ID : 44094427

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 646 S Flores St

City San Antonio	State TX	Zip Code 78204-1219
---------------------	-------------	------------------------

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

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Sr. VP - GM, Pharmacy, DrugStore
--	---

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
10	/	29	/	2019

Transaction ID : 44121496

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 646 S. Flores St

City San Antonio	State TX	Zip Code 78204-1219
---------------------	-------------	------------------------

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

Name of Employer (for Individual) H-E-B	Occupation (for Individual) President, COO and Chief Strategic Off
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2019

Transaction ID : 44163319

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6750.00
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 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Butt, Howard, , Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 646 S. Flores St
 City San Antonio State TX Zip Code 78204-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) Senior Vice President, Supermarkets, Inc.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt
 11 / 05 / 2019
Transaction ID : 44163320
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Butt, Stephen, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 646 S. Flores Street
 City San Antonio State TX Zip Code 78204-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) President, Central Market Division
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt
 11 / 05 / 2019
Transaction ID : 44163321
 Amount of Each Receipt this Period
 5000.00
 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) CFO and Treasurer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 916.74

Date of Receipt
 11 / 06 / 2019
Transaction ID : 44164482
 Amount of Each Receipt this Period
 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10083.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<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. Lane, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 Riverside Dr
 City Keasbey State NJ Zip Code 08832-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wakefern Food Corp./ShopRite Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2019
Transaction ID : 44176785
 Amount of Each Receipt this Period
 4000.00
 Memo Item

B. Konrad, Jocelyn, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hunter Ln
 City Camp Hill State PA Zip Code 17011-2400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) Executive Vice President, Pharmacy ar
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2019
Transaction ID : 44238825
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Greener, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Wilmot Rd Fl 5
 City Deerfield State IL Zip Code 60015-5145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walgreen Co. Occupation (for Individual) SVP Global Comm and Corp Affairs
 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
 12 / 03 / 2019
Transaction ID : 44240521
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
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 55
	<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. Narveson, Robert, J., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6055 Nathan Lane N
 Ste 200
 City Plymouth State MN Zip Code 55442-1675
 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 ▼ 2500.00

Date of Receipt 12 / 04 / 2019
Transaction ID : 44243743
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Weitzman, Debbie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 Cardinal PI
 City Dublin State OH Zip Code 43017-1091
 Name of Employer (for Individual) Medicine Shoppe International, Inc. Occupation (for Individual) President, Pharmaceutical Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 02 / 2019
Transaction ID : 44252615
 Amount of Each Receipt this Period 365.00
 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
 Name of Employer (for Individual) Hy-Vee, Inc. Occupation (for Individual) CFO and Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 09 / 2019
Transaction ID : 44252667
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2948.34
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 23 OF 55
<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. Tighe, William, , ,
 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 Government Af
 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
 12 / 12 / 2019
Transaction ID : 44253082
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Weippert, Timothy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14107 54th Ave N
 City Plymouth State MN Zip Code 55446-1959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2019
Transaction ID : 44317507
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Bell, Don, L., Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd 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, Legal Affairs a
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : PR1054895654725
 Amount of Each Receipt this Period
 1249.95
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	6249.95
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 55
	<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. 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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR1054896254725

Amount of Each Receipt this Period
1249.95

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
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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) Vice President, State Government Affai
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR1054896954725

Amount of Each Receipt this Period
1249.95

Memo Item

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

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

Mailing Address 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) Vice President, Industry Affairs & Mem
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR1054897354725

Amount of Each Receipt this Period
182.52

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	2682.42
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 55
	<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. 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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR1054897954725

Amount of Each Receipt this Period
249.95

Memo Item

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

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

Mailing Address 1776 Wilson Blvd 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) Vice President, Member Programs & S
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR1055162954725

Amount of Each Receipt this Period
182.52

Memo Item

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

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

Mailing Address 1776 Wilson Blvd 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) Vice President, Public Policy and Regu
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR1055174754725

Amount of Each Receipt this Period
249.99

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	1682.46
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 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Miller, Laura, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8373 Pedigree Court

City Gainesville	State VA	Zip Code 20155-3240
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Senior Economist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : PR2183668854725

Amount of Each Receipt this Period
84.24

Memo Item

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

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

Mailing Address 1776 Wilson Blvd 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
---	--

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
12	/	31	/	2019

Transaction ID : PR2202229354725

Amount of Each Receipt this Period
2500.03

Memo Item

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

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

Mailing Address 1776 Wilson Blvd 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) Senior Vice President, Marketing, Comn
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : PR2231851454725

Amount of Each Receipt this Period
1500.07

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	4084.34
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 27 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Worthington, Dawn, F., Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd 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) VP, Human Resources
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019
Transaction ID : PR2444803154725
 Amount of Each Receipt this Period 182.52
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. Juhl, Eric, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Wilson Blvd Suite 200
 City Arlington State VA Zip Code 22209-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Federal Public Policy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.76

Date of Receipt 12 / 31 / 2019
Transaction ID : PR2576388054725
 Amount of Each Receipt this Period 84.24
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. Knotts, Leigh, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Main St Ste C
 City Elgin State SC Zip Code 29045-8844
 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 ▼ 520.00

Date of Receipt 12 / 31 / 2019
Transaction ID : PR2576388154725
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	526.76
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 55
	<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 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) Senior Vice President, Government Affa
---	---

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
12		31		2019

Transaction ID : PR2595770254725

Amount of Each Receipt this Period
2500.03

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 ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR2645976354725

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
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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) Director, Federal Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : PR2700395254725

Amount of Each Receipt this Period
499.98

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	78205.97

**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 55
<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. McKesson Corp. Employees Political Fund

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

Mailing Address One Post Street
32nd Floor

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00108035

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 09 / 2019
Transaction ID : 44065029

Amount of Each Receipt this Period
5000.00

Memo Item

B. Walmart Inc. Political Action Committee for Responsible Government

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

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 29 / 2019
Transaction ID : 44121714

Amount of Each Receipt this Period
5000.00

Memo Item

C. Rite Aid Corp. PAC

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

Mailing Address P.O. Box 3165

City Harrisburg State PA Zip Code 17105

FEC ID number of contributing federal political committee. **C** C00104083

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
12 / 20 / 2019
Transaction ID : 44319649

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12500.00
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 30 OF 55
<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. Safeway Inc. PAC

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

Mailing Address 5918 Stoneridge Mall Rd

City Pleasanton	State CA	Zip Code 94588-3229
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FEC ID number of contributing federal political committee. **C** C00194084

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

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
12		31		2019

Transaction ID : 44342398

Amount of Each Receipt this Period
2500.00

Memo Item

B. Kinney Drugs for a Healthier America PAC

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

Mailing Address 29 East Main Street

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

FEC ID number of contributing federal political committee. **C** C00549162

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
12		31		2019

Transaction ID : 44342419

Amount of Each Receipt this Period
5000.00

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).....	7500.00
TOTAL This Period (last page this line number only).....	20000.00

**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 31 OF 55
<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 ▼ 2164.62

Date of Receipt 08 / 01 / 2019
Transaction ID : 43752152
 Amount of Each Receipt this Period 85.00
 Memo Item
 Correct Apr. fees

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 ▼ 2388.04

Date of Receipt 08 / 01 / 2019
Transaction ID : 43752200
 Amount of Each Receipt this Period 223.42
 Memo Item
 Jun. 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 ▼ 2079.62

Date of Receipt 07 / 31 / 2019
Transaction ID : 43779701
 Amount of Each Receipt this Period 148.25
 Memo Item
 Refund to PAC from SunTrust

SUBTOTAL of Receipts This Page (optional).....	456.67
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 32 OF 55
<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
National Association of Chain Drug Stores

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 ▼
2544.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2019

Transaction ID : 43814477

Amount of Each Receipt this Period
156.47

Memo Item

Jul.19 - Bank Fees Reimb.

B. National Association of Chain Drug Stores

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

Mailing Address 1776 Wilson Blvd. Suite 200

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

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 ▼
2878.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2019

Transaction ID : 43906883

Amount of Each Receipt this Period
334.23

Memo Item

Aug.19 - Bank Fees Reimb.

C. National Association of Chain Drug Stores

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

Mailing Address 1776 Wilson Blvd. Suite 200

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

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 ▼
3227.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2019

Transaction ID : 44083610

Amount of Each Receipt this Period
349.01

Memo Item

Sep.19 - Bank Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....	839.71
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 33 OF 55
<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 ▼
3301.93

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2019

Transaction ID : 44163327

Amount of Each Receipt this Period
74.18

Memo Item

Oct.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 ▼
3353.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2019

Transaction ID : 44317260

Amount of Each Receipt this Period
51.95

Memo Item

Nov.19 - Bank Fees Reimb.

C.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.13
TOTAL This Period (last page this line number only).....	1422.51

**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
Jul.19 - Bank 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 : 43779699
Amount of Each Disbursement this Period

Memo Item
Jul.19 - Bank 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
Aug.19 - Bank 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 : 43901926
Amount of Each Disbursement this Period

Memo Item
Aug.19 - Bank 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
Sep.19 - Bank 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 : 44055601
Amount of Each Disbursement this Period

Memo Item
Sep.19 - Bank Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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
Oct.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
10			31			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : 44162580

Amount of Each Disbursement this Period

[REDACTED] 74.18

Oct.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
Nov.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
11			30			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : 44301032

Amount of Each Disbursement this Period

[REDACTED] 51.95

Nov.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
Dec.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
12			31			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : 44342424

Amount of Each Disbursement this Period

[REDACTED] 210.45

Dec.19 - Bank Fees

Memo Item

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

[REDACTED] 336.58

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

[REDACTED] 1176.29

**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. Capito For West Virginia

Mailing Address P.O. Box 11519

City
Charleston

State
WV

Zip Code
25339

Purpose of Disbursement

011

Category/
Type

Candidate Name

Capito, Shelley Moore, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: WV

District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C C00539825

Transaction ID : 43752474

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address PO Box 65322

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bustos, Cheri, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: IL

District: 17

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C C00498568

Transaction ID : 43752475

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kansans For Marshall

Mailing Address PO Box 1588

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marshall, Roger, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: KS

District: 01

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C C00576173

Transaction ID : 43752476

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)..... ▶

4500.00

**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. McSally For Senate Inc

Mailing Address PO Box 19128

City
Tucson

State
AZ

Zip Code
85710

Purpose of Disbursement

011

Category/
Type

Candidate Name

McSally, Martha, Elizabeth, Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: AZ

District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C00666040

Transaction ID : 43752477

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mullin For Congress

Mailing Address PO Box 3681

City
Muskogee

State
OK

Zip Code
74402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: OK

District: 02

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C00498345

Transaction ID : 43752479

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C00226928

Transaction ID : 43752481

Amount of Each Disbursement this Period

5000.00

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. Peters For Michigan

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

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C C00437889

Transaction ID : 43752482

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C C00394957

Transaction ID : 43752484

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2019

FEC Identification Number

C C00333427

Transaction ID : 43752485

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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. ALL FOR OUR COUNTRY LEADERSHIP PAC

Mailing Address 611 PENNSYLVANIA AVE SE #143

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
09 / 20 / 2019

FEC Identification Number

C00629212

Transaction ID : 43998229

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony Gonzalez For Congress

Mailing Address 9856 Archer Ln

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gonzalez, Anthony, E., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: OH

District: 16

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C00654079

Transaction ID : 43998230

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address PO Box 4527

City
Springfield

State
MO

Zip Code
65808

Purpose of Disbursement

011

Category/
Type

Candidate Name

Long, Billy, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: MO

District: 07

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C00460063

Transaction ID : 43998233

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 434 Fayetteville Street
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement

Category/
Type

Candidate Name

Butterfield, G. K., , Rep.,

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

State: NC District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43998239

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Doug Jones For Senate Committee

Mailing Address PO Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement

Category/
Type

Candidate Name

Jones, Doug, , Sen.,

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

State: AL District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43998248

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Finkenauer For Congress

Mailing Address PO Box 598

City Dubuque State IA Zip Code 52004

Purpose of Disbursement

Category/
Type

Candidate Name

Finkenauer, Abby, Lea, Rep.,

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

State: IA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43998250

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. Friends Of Mark Warner

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/
Type

Candidate Name

Warner, Mark, Robert, Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43998253

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: IL District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43998256

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Mailing Address PO BOX 156

City Des Moines State IA Zip Code 50301

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 43998261

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. Jeff Duncan For Congress

Mailing Address PO Box 845

City
Laurens

State
SC

Zip Code
29360

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duncan, Jeff, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C C00460550

Transaction ID : 43998272

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Morelle For Congress

Mailing Address P.O. Box 90914

City
Rochester

State
NY

Zip Code
14609

Purpose of Disbursement

011

Category/
Type

Candidate Name

Morelle, Joseph, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C C00675108

Transaction ID : 43998273

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City
Oregon City

State
OR

Zip Code
97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrader, Kurt, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C C00446906

Transaction ID : 43998276

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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 Congress

Mailing Address PO Box 9767

City
Wilmington

State
DE

Zip Code
19809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2019

FEC Identification Number

C C00590778

Transaction ID : 43998277

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pelosi, Nancy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2019

FEC Identification Number

C C00213512

Transaction ID : 43998278

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rural America Counts PAC

Mailing Address 3538 South Wakefield St

City
Arlington

State
VA

Zip Code
22206

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 M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2019

FEC Identification Number

C

Transaction ID : 43998280

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address PO Box 1318

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schneider, Bradley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

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

FEC Identification Number

C00495952

Transaction ID : 43998283

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sharice For Congress

Mailing Address 13851 W. 63rd St.
Num 303

City
Shawnee

State
KS

Zip Code
66216

Purpose of Disbursement

011

Category/
Type

Candidate Name

Davids, Sharice, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

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

FEC Identification Number

C00670034

Transaction ID : 43998285

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Chabot For Congress

Mailing Address 9856 Archer Ln

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chabot, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

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

FEC Identification Number

C00301838

Transaction ID : 43998288

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

2000.00

**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. Suozzi For Congress

Mailing Address PO Box 669

City
Glen Cove

State
NY

Zip Code
11542

Purpose of Disbursement

011

Category/
Type

Candidate Name

Suozzi, Thomas, R., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C C00607200

Transaction ID : 43998290

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Elise For Congress

Mailing Address PO Box 500

City
Glens Falls

State
NY

Zip Code
12801

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stefanik, Elise, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C C00547893

Transaction ID : 44098218

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FIGHTIN' NINTH POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 71596

City
Richmond

State
VA

Zip Code
23255

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
10 / 25 / 2019

FEC Identification Number

C C00520841

Transaction ID : 44098222

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Healthcare Freedom Fund

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

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
10 / 25 / 2019

FEC Identification Number

C00528414

Transaction ID : 44098243

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joni For Iowa

Mailing Address PO Box 93441

City
Des Moines

State
IA

Zip Code
50393

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ernst, Joni, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: IA

District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C00546788

Transaction ID : 44098245

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: CA

District: 05

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C00326363

Transaction ID : 44098249

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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: 2019

Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C C00413179

Transaction ID : 44098255

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address PO Box 10570

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carter, Earl, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2019

FEC Identification Number

C C00543967

Transaction ID : 44301242

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd
Ste 114

City
Altoona

State
PA

Zip Code
16602

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joyce, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2019

FEC Identification Number

C C00674259

Transaction ID : 44301244

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. IMPACT

Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

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 : 44301245

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

Category/
Type

Candidate Name

Herrera-Beutler, Jaime, L., Rep.,

Office Sought: House Senate President
State: WA District: 03

Disbursement For: 2020 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 44301246

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Liz Cheney For Wyoming

Mailing Address P. O. Box 697

City Casper State WY Zip Code 82602

Purpose of Disbursement

Category/
Type

Candidate Name

Cheney, Elizabeth, , Rep.,

Office Sought: House Senate President
State: WY District: 00

Disbursement For: 2020 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 44301247

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. Lone Star Leadership PAC

Mailing Address PO Box 30844

City
Bethesda

State
MD

Zip Code
20824

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
12			13			2019			

FEC Identification Number

C C00415208

Transaction ID : 44301248

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Trahan For Congress Committee

Mailing Address PO Box 1161

City
Lowell

State
MA

Zip Code
01853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Trahan, Lori, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020 Primary General
 Other (specify)

State: MA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2019			

FEC Identification Number

C C00655647

Transaction ID : 44301250

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Matsui, Doris, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2019			

FEC Identification Number

C C00409219

Transaction ID : 44301251

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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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. Paul Tonko For Congress

Date of Disbursement

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

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

FEC Identification Number

C C00450049

Transaction ID : 44301252

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Tonko, Paul, David, Rep.,

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

State: NY District: 20

Full Name (Last, First, Middle Initial)

B. Vicente Gonzalez For Congress

Date of Disbursement

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

Mailing Address 121 North 10th St

City Mcallen State TX Zip Code 78501

FEC Identification Number

C C00592659

Transaction ID : 44301254

Amount of Each Disbursement this Period

1000.00

Memo Item

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

State: TX District: 15

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

State: District:

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

2000.00

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

68500.00

**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. Charles Schwertner Campaign

Mailing Address P.O. Box 2248

City Georgetown State TX Zip Code 78627

Purpose of Disbursement Charles Schwertner, LOCAL TX

011

Category/Type

Candidate Name Schwertner, Charles, , ,

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

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 43998240

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Charles Schwertner, LOCAL TX

Memo Item

Full Name (Last, First, Middle Initial)

B. Four Price for Texas Campaign

Mailing Address P.O. Box 1749

City Amarillo State TX Zip Code 79105

Purpose of Disbursement Four Price, STATE HOUSE 87th TX

011

Category/Type

Candidate Name Price, Four, , TX Rep., IV

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

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 43998251

Amount of Each Disbursement this Period

[REDACTED] 750.00

Four Price, STATE HOUSE 87th TX

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Tom Oliverson

Mailing Address 1 E Greenway Plaza Ste 225

City Houston State TX Zip Code 77046

Purpose of Disbursement Tom Oliverson, STATE HOUSE 130th TX

011

Category/Type

Candidate Name Oliverson, Tom, , TX Rep.,

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

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 43998258

Amount of Each Disbursement this Period

[REDACTED] 750.00

Tom Oliverson, STATE HOUSE 130th TX

Memo Item

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

[REDACTED] 2500.00

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

[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 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. Giovanni Capriglione Campaign

Mailing Address 1205 South White Chapel Blvd
Suite 100

City South Lake State TX Zip Code 76092

Purpose of Disbursement
Giovanni Capriglione, STATE HOUSE 98th TX

011
Category/
Type

Candidate Name
Capriglione, Giovanni, , TX Rep.,

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C []

Transaction ID : 43998260

Amount of Each Disbursement this Period

[] 750.00

Memo Item Giovanni Capriglione, STATE HOUSE 98th TX

Full Name (Last, First, Middle Initial)

B. JAY COSTA FOR STATE SENATE

Mailing Address 314 NEWPORT ROAD

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Jay Costa, STATE SENATE 43rd PA

011
Category/
Type

Candidate Name
Costa, Jay, , Senator, Jr.

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C []

Transaction ID : 43998262

Amount of Each Disbursement this Period

[] 500.00

Memo Item Jay Costa, STATE SENATE 43rd PA

Full Name (Last, First, Middle Initial)

C. JD Sheffield Campaign

Mailing Address 601 Indian Hills Road

City Gatesville State TX Zip Code 76528

Purpose of Disbursement
J.D. Sheffield, STATE HOUSE 59th TX

011
Category/
Type

Candidate Name
Sheffield, J.D., , TX Rep.,

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C []

Transaction ID : 43998264

Amount of Each Disbursement this Period

[] 750.00

Memo Item J.D. Sheffield, STATE HOUSE 59th TX

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

[] 2000.00

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 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. Jose Menendez Campaign

Mailing Address PO Box 761780

City San Antonio State TX Zip Code 78245

Purpose of Disbursement
Jose Menendez, STATE SENATE 26th TX

Category/
Type

Candidate Name
Menendez, Jose, , TX Sen.,

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

Date of Disbursement
MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

Transaction ID : 43998274
Amount of Each Disbursement this Period

Memo Item Jose Menendez, STATE SENATE 26th TX

Full Name (Last, First, Middle Initial)

B. Julie Johnson for Texas Campaign

Mailing Address P.O. Box 110937

City Carrollton State TX Zip Code 75011

Purpose of Disbursement
Julie Johnson, STATE HOUSE 115th TX

Category/
Type

Candidate Name
Johnson, Julie, , TX Rep.,

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

Date of Disbursement
MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

Transaction ID : 43998275
Amount of Each Disbursement this Period

Memo Item Julie Johnson, STATE HOUSE 115th TX

Full Name (Last, First, Middle Initial)

C. Rep. Eddie Lucio II Campaign

Mailing Address P.O. Box 2106

City San Benito State TX Zip Code 78586

Purpose of Disbursement
Eddie Lucio, STATE HOUSE 38th TX

Category/
Type

Candidate Name
Lucio, Eddie, , TX Rep., III

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

Date of Disbursement
MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

Transaction ID : 43998279
Amount of Each Disbursement this Period

Memo Item Eddie Lucio, STATE HOUSE 38th TX

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:
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<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. Sefronia Thompson Campaign

Mailing Address 4828 Loop Central Drive

City Houston State TX Zip Code 77081

Purpose of Disbursement Senfronia Thompson, STATE HOUSE 141st TX

Category/Type

Candidate Name Thompson, Senfronia, , TX Rep.,

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

FEC Identification Number

Transaction ID : 43998284
 Amount of Each Disbursement this Period

 Memo Item Senfronia Thompson, STATE HOUSE 141st TX

Full Name (Last, First, Middle Initial)

B. Stephanie Klick Campaign

Mailing Address P.O. Box 7592

City Ft. Worth State TX Zip Code 76111

Purpose of Disbursement Stephanie Klick, STATE HOUSE 91st TX

Category/Type

Candidate Name Klick, Stephanie, , TX Rep.,

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

FEC Identification Number

Transaction ID : 43998286
 Amount of Each Disbursement this Period

 Memo Item Stephanie Klick, STATE HOUSE 91st TX

Full Name (Last, First, Middle Initial)

C. Steve Allison Campaign

Mailing Address 1819 North Main Ave.
Box 211

City San Antonio State TX Zip Code 78212

Purpose of Disbursement Steve Allison, STATE HOUSE 121st TX

Category/Type

Candidate Name Allison, Steve, , TX Rep.,

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

FEC Identification Number

Transaction ID : 43998287
 Amount of Each Disbursement this Period

 Memo Item Steve Allison, STATE HOUSE 121st TX

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Texans for Kelly Hancock

Mailing Address P.O. Box 821349

City North Richland Hills State TX Zip Code 76182

Purpose of Disbursement Kelly Hancock, STATE SENATE 9th TX

011
Category/
Type

Candidate Name Hancock, Kelly, , TX Sen.,

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

Date of Disbursement
MM / DD / YYYY
09 / 20 / 2019

FEC Identification Number

C
Transaction ID : 43998292
Amount of Each Disbursement this Period
1000.00

Memo Item Kelly Hancock, STATE SENATE 9th TX

Full Name (Last, First, Middle Initial)

B. Friends of Lisa Boscola

Mailing Address PO Box 1294

City Bethlehem State PA Zip Code 18016

Purpose of Disbursement Lisa Boscola, STATE SENATE 18th PA

011
Category/
Type

Candidate Name Boscola, Lisa, , PA Sen.,

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

Date of Disbursement
MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C
Transaction ID : 44098241
Amount of Each Disbursement this Period
500.00

Memo Item Lisa Boscola, STATE SENATE 18th PA

Full Name (Last, First, Middle Initial)

C. Robert 'Tommy' Tomlinson for State Senate

Mailing Address 2411 Elfreths Alley

City Bensalem State PA Zip Code 19020

Purpose of Disbursement Robert Tomlinson, STATE SENATE 6th PA

011
Category/
Type

Candidate Name Tomlinson, Robert, , PA Sen.,

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

Date of Disbursement
MM / DD / YYYY
10 / 25 / 2019

FEC Identification Number

C
Transaction ID : 44098252
Amount of Each Disbursement this Period
500.00

Memo Item Robert Tomlinson, STATE SENATE 6th PA

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

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

2000.00
11500.00