

**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="2020"/>	<input type="text" value="272819.13"/>	<input type="text" value="272819.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="135184.28"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="27578.91"/>	<input type="text" value="133295.28"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="162763.19"/>	<input type="text" value="406114.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="162.44"/>	<input type="text" value="243513.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="162600.75"/>	<input type="text" value="162600.75"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / 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).....	15752.04	84414.02
(ii) Unitemized	164.43	1657.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15916.47	86071.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	6500.00	37500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22416.47	123571.17
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.....	5000.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	162.44	2224.11
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)).....▶	27578.91	133295.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	27578.91	133295.28

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	162.44	2013.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	162.44	2013.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	219000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	22500.00
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)) ..	162.44	243513.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	162.44	243513.66

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)	22416.47	123571.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22416.47	123571.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	162.44	2013.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	162.44	2013.66

**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 19
<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. Nightengale, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5045 Jewell Ter

City Palm Harbor	State FL	Zip Code 34685-2697
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Good Neighbor Pharmacy	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2020

Transaction ID : 45278015

Amount of Each Receipt this Period
2500.00

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 ▼
833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2020

Transaction ID : 45299917

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 7000 Cardinal Pl

City Dublin	State OH	Zip Code 43017-1091
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FEC ID number of contributing federal political committee. **C**

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2020

Transaction ID : 45300994

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3083.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<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. 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

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

Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 21 / 2020
Transaction ID : 45305380

Amount of Each Receipt this Period 2500.00

Memo Item

B. Green, Lyle, M., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Jacon Way

City Pacific Palisades State CA Zip Code 90272-2829

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

Name of Employer (for Individual) MarkeTouch Media, Inc. Occupation (for Individual) Vice President, Sales & Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2020
Transaction ID : 45315715

Amount of Each Receipt this Period 1000.00

Memo Item

C. 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 ▼ 3000.00

Date of Receipt 10 / 23 / 2020
Transaction ID : 45316208

Amount of Each Receipt this Period 3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 19
<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. Page, Charles, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2175 Parklake Dr NE

City Atlanta	State GA	Zip Code 30345-2845
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Kroger Co.	Occupation (for Individual) Assistant Pharmacy Merchandiser
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2020

Transaction ID : 45317821

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address 19245 David Memorial Dr

City Houston	State TX	Zip Code 77001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Kroger Co.	Occupation (for Individual) Pharmacy Merchandiser
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2020

Transaction ID : 45318954

Amount of Each Receipt this Period
365.00

Memo Item

C. Loesch, Jeff, , 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kroger Co., The	Occupation (for Individual) Manager of Pharmacy Regulatory Comp
--	--

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
10		27		2020

Transaction ID : 45318975

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
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 19
	<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. Fisher, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Ridge Lake Blvd
 City Memphis State TN Zip Code 38120-9427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Kroger Co. Occupation (for Individual) Health & Wellness Merchandiser - Delta
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 45318977
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Alzola, Leon, , 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) Kroger Co., The Occupation (for Individual) National Health and Wellness Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 45319093
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Erdle, Timothy, , 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thrifty White Pharmacy Occupation (for Individual) Executive VP Store Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2020
Transaction ID : 45319200
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1365.00
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 19
<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. Aquilina, Chip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6333 Route 298

City East Syracuse	State NY	Zip Code 13057
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Vice President, Pharmacy Supply Chair
---	--

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
10		29		2020

Transaction ID : 45322021

Amount of Each Receipt this Period
500.00

Memo Item

B. Marshall, Jay, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5820 Westown Pkwy

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

Name of Employer (for Individual) Hy-Vee, Inc.	Occupation (for Individual) Executive Vice President & Chief Oper
---	--

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		29		2020

Transaction ID : 45322035

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
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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		29		2020

Transaction ID : 45322037

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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 ▼
916.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2020

Transaction ID : 45406660

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 1776 Wilson Blvd 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, Legal Affairs a
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR1054895659963

Amount of Each Receipt this Period
96.15

Memo Item

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

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

Mailing Address 1776 Wilson Blvd 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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2211.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR1054896259963

Amount of Each Receipt this Period
288.45

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	467.94
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 19
<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. 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, Health Policy & Pharma
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2211.45

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : PR1054896959963

Amount of Each Receipt this Period
288.45

Memo Item

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

B. 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
-------------------	-------------	------------------------

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 ▼
322.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : PR1054897359963

Amount of Each Receipt this Period
42.12

Memo Item

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

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

Mailing Address 1776 Wilson Blvd Ste 200

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2211.45

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : PR1054897959963

Amount of Each Receipt this Period
288.45

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	619.02
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 19
<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. 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
-------------------	-------------	------------------------

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 & Se
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR1055162959963

Amount of Each Receipt this Period
42.12

Memo Item

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

B. 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 ▼
442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR1055174759963

Amount of Each Receipt this Period
57.69

Memo Item

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

C. 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
-------------------	-------------	------------------------

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 ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR2202229359963

Amount of Each Receipt this Period
576.93

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	676.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<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. 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
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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, State Government Affairs
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR2576388159963

Amount of Each Receipt this Period
60.00

Memo Item

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

B. 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 Aff:
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR2595770259963

Amount of Each Receipt this Period
576.93

Memo Item

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

C. 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
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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 ▼
442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : PR2645976359963

Amount of Each Receipt this Period
57.69

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	694.62
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1776 Wilson Blvd.
Suite 200

City Arlington State VA Zip Code 22209-2516

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020

Transaction ID : PR2700395259963

Amount of Each Receipt this Period
115.38

Memo Item

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

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	15752.04

**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 19
<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. 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
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FEC ID number of contributing federal political committee. **C** C00549162

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

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2020

Transaction ID : 45323945

Amount of Each Receipt this Period
4000.00

Memo Item

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

Name of Employer (for Individual)	Occupation (for Individual)
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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
11	/	19	/	2020

Transaction ID : 45406659

Amount of Each Receipt this Period
2500.00

Memo Item

C.

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

M M 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).....	6500.00
TOTAL This Period (last page this line number only).....	6500.00

**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 17 OF 19
<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. 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
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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 ▼
2224.11

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2020

Transaction ID : 45406046

Amount of Each Receipt this Period
162.44

Memo Item

Oct.20 - Bank Fees Reimb.

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.44
TOTAL This Period (last page this line number only).....	162.44

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 19
<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 checked="" 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
--------------------	-------------	------------------------

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
10	/	16	/	2020

Transaction ID : 45299918

Amount of Each Receipt this Period
2500.00

Memo Item

B. Pharmavite PAC

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

Mailing Address 8510 Blalboa Boulevard

City Northridge	State CA	Zip Code 91325
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FEC ID number of contributing federal political committee. **C** C00410654

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2020

Transaction ID : 45322038

Amount of Each Receipt this Period
2500.00

Memo Item

C.

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

Mailing Address

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

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

