

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2017 JUL 21 AM 11:50
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KVIAT FLOOD STORES, INC. FLOOD PAC

ADDRESS (number and street)

PO BOX 1158

☐ Check if different
than previously
reported. (ACC)

ABINGDON

VA

24212-1158

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00337964

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☐ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the
State of

XX

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

XX

5. Covering Period

MM / DD / YYYY
01 / 01 / 2017

through

MM / DD / YYYY
06 / 30 / 2017

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

Type or Print Name of Treasurer Robert L. Neeley, Assistant Treasurer

Signature of Treasurer

Robert L. Neeley

Date

MM / DD / YYYY
07 / 14 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 1 7 To: M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 7

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

<p>6. (a) Cash on Hand v v v v January 1, 2 0 1 7</p> <p>(b) Cash on Hand at Beginning of Reporting Period.....</p> <p>(c) Total Receipts (from Line 19).....</p> <p>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....</p>	<p>4 1, 5 3 9.5 1</p> <p>4 1, 5 3 9.5 1</p> <p>2, 2 7 1.0 0</p> <p>4 3, 8 1 0.5 1</p>	<p>4 1, 5 3 9.5 1</p> <p>4 1, 5 3 9.5 1</p> <p>2, 2 7 1.0 0</p> <p>4 3, 8 1 0.5 1</p>
<p>7. Total Disbursements (from Line 31).....</p>	<p>2 6 3 7 3 5</p>	<p>2, 6 3 7 3 5</p>
<p>8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....</p>	<p>4 1, 1 7 3 1 6</p>	<p>4 1, 1 7 3 1 6</p>
<p>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</p>	<p>,</p>	<p>,</p>
<p>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</p>	<p>,</p>	<p>,</p>

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

K-VA-T FOOD STORES, INC. FOODPAC

Report Covering the Period:

From:

01 / 01 / 2017

To:

06 / 30 / 2017

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).....

1 0 4 0 0 0

1 0 4 0 0 0

(ii) Unitemized.....

1 2 3 1 0 0

1 2 3 1 0 0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2 2 7 1 0 0

2 2 7 1 0 0

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

2 2 7 1 0 0

2 2 7 1 0 0

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

2 2 7 1 0 0

2 2 7 1 0 0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

2 2 7 1 0 0

2 2 7 1 0 0

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	1 3 7 3 5	1 3 7 3 5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 3 7 3 5	1 3 7 3 5
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2 5 0 0 0 0	2 5 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0	0 0
29. Other Disbursements	0 0	0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2 6 3 7 3 5	2 6 3 7 3 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2 6 3 7 3 5	2 6 3 7 3 5

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2 2 7 1 0 0	2 2 7 1 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 2 7 1 0 0	2 2 7 1 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 3 7 3 5	1 3 7 3 5
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 3 7 3 5	1 3 7 3 5

2017-07-21 03:00:11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<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)

K-VA-T Food Stores, Inc. FOODPAC

Full Name (Last, First, Middle Initial)

A. Jones, Leslie J.

Mailing Address

105 Christopher Way

City

Blountville

State

TN

Zip Code

37617

FEC ID number of contributing
 federal political committee.

C 0 0 3 3 7 9 6 4

Name of Employer

K-VA-T Food Stores, Inc.

Occupation

Store Operations Executive VP/ Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Contribution to Fund

Aggregate Year-to-Date ▼

2 6 0 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 7

Amount of Each Receipt this Period

2 6 0 0 0

Payroll Deduction

\$130.00 Quarterly- Quarters 1,2

B. Lockard, Michael T.

Mailing Address

1761 Buckingham Court

City

Kingsport

State

TN

Zip Code

37660

FEC ID number of contributing
 federal political committee.

C 0 0 3 3 7 9 6 4

Name of Employer

K-VA-T Food Stores, Inc.

Occupation

Senior VP CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Contribution to Fund

Aggregate Year-to-Date ▼

2 6 0 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 7

Amount of Each Receipt this Period

2 6 0 0 0

Payroll Deduction

\$130.00 Quarterly- Quarters 1,2

C. McSwain, Leslie R.

Mailing Address

833 Ridgefields Rd.

City

Kingsport

State

TN

Zip Code

37660

FEC ID number of contributing
 federal political committee.

C 0 0 3 3 7 9 6 4

Name of Employer

K-VA-T Food Stores, Inc.

Occupation

District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Contribution to Fund

Aggregate Year-to-Date ▼

2 6 0 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 7

Amount of Each Receipt this Period

2 6 0 0 0

Payroll Deduction

\$130.00 Quarterly- Quarters 1,2

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

7 8 0 0 0

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

0 0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 2

(check only one)

<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)

K-VA-T Food Stores, Inc. FOODPAC

Full Name (Last, First, Middle Initial)

A. Hembree, Scott A

Mailing Address

23675 Meade Dr.

City

Abingdon

State

VA

Zip Code

24211

FEC ID number of contributing
federal political committee.

C 0 0 3 3 7 9 6 4

Name of Employer

K-VA-T Food Stores, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Contribution to Fund

Aggregate Year-to-Date ▼

2 6 0 0 0

Date of Receipt

MM / DD / YYYY
0 6 / 2 8 / 2 0 1 7

Amount of Each Receipt this Period

2 6 0 0 0

Payroll Deduction \$ 130.00 Quarterly- Quarters 1,2

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

1 0 4 0 0 0

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)

PAGE 1 OF 2

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

K-VA-T Food Stores, Inc. Foodpac

Full Name (Last, First, Middle Initial)

A.

NRCC

Mailing Address

320 First Street SE,

City

State

Zip Code

Washington

DC

Purpose of Disbursement

Candidate Name

0 1 1

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State:

District:

National Republican Congressional Committee Annual March Dinner

Date of Disbursement

0 3 / 0 6 / 2 0 1 7

Amount of Each Disbursement this Period

2 5 0 0 0 0

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

2 5 0 0 0 0

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)

PAGE 2 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

K-VA-T Food Stores, Inc. Foodpac

Full Name (Last, First, Middle Initial)

A.

Bureau of Ethics & Campaign

Mailing Address

404 James Robertson Parkway, Suite 104

City

Nashville

State

TN

Zip Code

37243

Purpose of Disbursement

2017 Annual Registration

Candidate Name

0 0 1

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State:

District:

2017 Annual Registration

Date of Disbursement

MM / DD / YYYY
 0 1 / 2 3 / 2 0 1 7

Amount of Each Disbursement this Period

1 0 0 0 0

B.

Harland Clarke Tru Point Bank

Mailing Address

P.O. Box 1010

City

Grundy

State

VA

Zip Code

24614

Purpose of Disbursement

Candidate Name

0 0 1

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State:

District:

Check Order

Date of Disbursement

MM / DD / YYYY
 0 1 / 2 5 / 2 0 1 7

Amount of Each Disbursement this Period

2 0 5 0

C.

Eddie's Trophies & Gift Shop

Mailing Address

102 16th at Shelby Street- P.O. Box 0818

City

Bristol

State

TN

Zip Code

376210818

Purpose of Disbursement

Candidate Name

0 0 1

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State:

District:

Plaque Plates

Date of Disbursement

MM / DD / YYYY
 0 1 / 2 3 / 2 0 1 7

Amount of Each Disbursement this Period

1 6 8 5

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

1 3 7 3 5

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

2 6 3 7 3 5

2017-03-01 10:00:00

NO 1 7 1 0 2



7015 0640 0004 9408 1793

COUNTING OFFICE

1199 Street

Box 1158

ingdon, VA 24212

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

Hasler

07/17/2017

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ZIP 24212

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<input type="checkbox"/> No Postmark	
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 PREPARER	7/21/17 DATE PREPARED

(3/2015)

2017-07-21 00:10:00