

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**McKesson Corporation Employees Political Fund**

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

**A. Slone, Peter, Barry, ,**

Mailing Address 505 9th St NW  
Ste 901

City  
Washington

State  
DC

Zip Code  
20004-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCK McKesson Corporation

Occupation (for Individual)  
SVP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : 202004019456-364**

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

**B. Snodgrass, Mark, A, ,**

Mailing Address 2600 Veneto PI

City  
Apex

State  
NC

Zip Code  
27502-9649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RDL McKesson Medical-Surgical Minnesot

Occupation (for Individual)  
Vice President, Field Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2020

**Transaction ID : 202003161015-594**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Snodgrass, Mark, A, ,**

Mailing Address 2600 Veneto PI

City  
Apex

State  
NC

Zip Code  
27502-9649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RDL McKesson Medical-Surgical Minnesot

Occupation (for Individual)  
Vice President, Field Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : 202004019456-635**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

308.33