

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

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

FOR LINE NUMBER: PAGE 70 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

RITE AID CORPORATION POLITICAL ACTION COMMITTEE

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

A. PATEL, AKASH, , ,

Mailing Address 13716 GREYFOX RUN

City
GLENELGState
MDZip Code
21737-9757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RITE AID RETAILOccupation (for Individual)
PHARMACY DIST MGR3217&3219

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : B001024S000169L11A1

Amount of Each Receipt this Period

15.00

☐ Memo Item

PAYROLL DEDUCTION

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

B. PATEL, AKASH, , ,

Mailing Address 13716 GREYFOX RUN

City
GLENELGState
MDZip Code
21737-9757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RITE AID RETAILOccupation (for Individual)
PHARMACY DIST MGR3217&3219

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2019

Transaction ID : B001027S000168L11A1

Amount of Each Receipt this Period

15.00

☐ Memo Item

PAYROLL DEDUCTION

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

C. PATEL, ARUN, , ,

Mailing Address 19 GAIL CT

City
CLIFTONState
NJZip Code
07013-3603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RITE AID CORPORATEOccupation (for Individual)
09515-DIRECTOR RX ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

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

Transaction ID : B001024S000170L11A1

Amount of Each Receipt this Period

15.00

☐ Memo Item

PAYROLL DEDUCTION

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

45.00

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