

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 190 OF 229

<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)

McKesson Corporation Employees Political Fund

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

A. Skansi, Timothy, Antony, ,

Mailing Address 9954 Mayland Dr

City
RichmondState
VAZip Code
23233-1464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MGM McKesson Medical-Surgical Inc.Occupation (for Individual)
SVP, CFO - 290037

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

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

Transaction ID : 202001019415-426

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Skansi, Timothy, Antony, ,

Mailing Address 9954 Mayland Dr

City
RichmondState
VAZip Code
23233-1464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MGM McKesson Medical-Surgical Inc.Occupation (for Individual)
SVP, CFO - 290037

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

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

Transaction ID : 202001019415-427

Amount of Each Receipt this Period

105.00

☐ Memo Item

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

C. Slone, Peter, Barry, ,Mailing Address 505 9th St NW
Ste 901City
WashingtonState
DCZip Code
20004-2173FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCK McKesson CorporationOccupation (for Individual)
SVP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

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

Transaction ID : 201912169575-360

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

363.33

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