

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
National Association of Chain Drug Stores, Inc. Political Action Committee

ADDRESS (number and street)

 Check if different than previously reported. (ACC) -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="84465.47"/>	<input type="text" value="84465.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="84465.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="112328.35"/>	<input type="text" value="112328.35"/>
(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="196793.82"/>	<input type="text" value="196793.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="138945.96"/>	<input type="text" value="138945.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57847.86"/>	<input type="text" value="57847.86"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	86455.71	86455.71
(ii) Unitemized	2464.46	2464.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	88920.17	88920.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	21000.00	21000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	109920.17	109920.17
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).....	2396.12	2396.12
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12.06	12.06
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))..... ▶	112328.35	112328.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	112328.35	112328.35

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	2445.96	2445.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2445.96	2445.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	135000.00	135000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	1500.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	138945.96	138945.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138945.96	138945.96

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)	109920.17	109920.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109920.17	109920.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2445.96	2445.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2396.12	2396.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49.84	49.84

**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 69
<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

Full Name (Last, First, Middle Initial) A. Mr. Thomas O'Donnell		Date of Receipt
Mailing Address 1776 Wilson Blvd Suite 200		<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Arlington	VA	22209-2516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 37837604
Name of Employer	Occupation	Amount of Each Receipt this Period
National Association of Chain Drug Sto	Vice President, Federal Gov't Affairs	<input type="text" value="1020.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1020.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. J.P. Borneman PhD		Date of Receipt
Mailing Address PO Box 87		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bryn Mawr	PA	19010-0087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 37860389
Name of Employer	Occupation	Amount of Each Receipt this Period
Hyland's, Inc.	Chairman and Chief Executive Officer	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Charles Greener		Date of Receipt
Mailing Address 112 Oak Terrace		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lake Bluff	IL	60044-2718
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 37951296
Name of Employer	Occupation	Amount of Each Receipt this Period
Walgreen Co.	Vice President, Corporate Affairs	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="3770.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 69
	<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. Mr. Craig C. Painter
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 E Main St
 City State Zip Code
 Gouverneur NY 13642-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kinney Drugs, Inc. Chief Executive Officer and Chairman o
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 38056583
 Amount of Each Receipt this Period
 5000.00

B. Mr. George D. Bartell
 Full Name (Last, First, Middle Initial)
 Mailing Address 4025 Delridge Way SW
 Suite 400
 City State Zip Code
 Seattle WA 98106-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Bartell Drug Company Chairman and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 38058930
 Amount of Each Receipt this Period
 600.00

C. Mr. Jay Bueche RPh
 Full Name (Last, First, Middle Initial)
 Mailing Address 3481 Fredericksburg Rd Ste 2
 City State Zip Code
 San Antonio TX 78201-3848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 H-E-B Director Pharmacy Compliance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : 38067303
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 69
<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

Full Name (Last, First, Middle Initial) A. Ms. Bridget-ann Hart		Date of Receipt
Mailing Address 520 E Main St		M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2015
City State Zip Code Gouverneur NY 13642-1561		Transaction ID : 38068056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Kinney Drugs, Inc.	Occupation President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mr. David C. McClure		Date of Receipt
Mailing Address 520 E. Main Street		M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2015
City State Zip Code Gouverneur NY 13642-1561		Transaction ID : 38074713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Kinney Drugs, Inc.	Occupation Vice President, Retail Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mr. Warren D. Wolfson		Date of Receipt
Mailing Address 100 E Washington St		M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2015
City State Zip Code Syracuse NY 13202-1612		Transaction ID : 38080695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Kinney Drugs, Inc.	Occupation Attorney at Law, Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
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 69
	<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	

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

A. Mr. Richard A. Cognetti Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 E Main St
 City State Zip Code
 Gouverneur NY 13642-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kinney Drugs, Inc. Vice President of Retail Merchandising
 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
 04 / 14 / 2015
Transaction ID : 38080702
 Amount of Each Receipt this Period
 365.00

B. Mr. Steven H. Collis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Morris Drive
 City State Zip Code
 Chesterbrook PA 19087-5559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AmerisourceBergen Corporation Senior Vice President and President, A
 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
 04 / 17 / 2015
Transaction ID : 38085413
 Amount of Each Receipt this Period
 2500.00

C. Mr. David Neu
 Full Name (Last, First, Middle Initial)
 Mailing Address Millennium Three
 227 Washington Street
 City State Zip Code
 Conshohocken PA 19428-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AmerisourceBergen Corporation SVP & 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
 04 / 14 / 2015
Transaction ID : 38085414
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	5365.00
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 69
	<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. Ms. Shannon Miller
Full Name (Last, First, Middle Initial)

Mailing Address 6333 State Route 298
Suite 305

City East Syracuse State NY Zip Code 13057-1575

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

Name of Employer Kinney Drugs, Inc Occupation Manager of Pharmacy Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
04 / 17 / 2015
Transaction ID : 38085420

Amount of Each Receipt this Period
365.00

B. Mr. Daniel J. Salemi
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Culterton Drive

City Franklin Park State IL Zip Code 60131

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

Name of Employer Albertsons LLC Occupation President, Pharmacy Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 17 / 2015
Transaction ID : 38085423

Amount of Each Receipt this Period
1000.00

C. Ms. Sharon Sternheim
Full Name (Last, First, Middle Initial)

Mailing Address 969 Madison Ave

City New York State NY Zip Code 10021-2763

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

Name of Employer Thriftway/Zitomer Drug Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 17 / 2015
Transaction ID : 38085435

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1615.00

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 69
<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. Mr. Jim Spencer
Full Name (Last, First, Middle Initial)

Mailing Address 29 E. Main Street

City State Zip Code
Gouverneur NY 13642-1561

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

Name of Employer Occupation
Kinney Drugs, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 20 / 2015
Transaction ID : 38104002

Amount of Each Receipt this Period
500.00

B. Mr. Richard A. Cognetti
Full Name (Last, First, Middle Initial)

Mailing Address 9490 S.W.9th Terrace

City State Zip Code
Ocala FL 34476-8709

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

Name of Employer Occupation
Kinney Drugs, Inc. Member, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 20 / 2015
Transaction ID : 38104003

Amount of Each Receipt this Period
5000.00

C. Mr. Larry Greco
Full Name (Last, First, Middle Initial)

Mailing Address 140 Sandringham South

City State Zip Code
Moraga CA 94556-1931

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

Name of Employer Occupation
Kinney Drugs, Inc. Director, Kinney Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 20 / 2015
Transaction ID : 38104004

Amount of Each Receipt this Period
1000.00

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 12 OF 69
	<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	

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

A. Mr. Steve McCann
Full Name (Last, First, Middle Initial)

Mailing Address 8501 W. 132nd Street

City Savage State MN Zip Code 55378-2592

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

Name of Employer SUPERVALU INC. Occupation Director, Pharmacy Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2015
Transaction ID : 38104005

Amount of Each Receipt this Period 250.00

B. Mr. Joe Courtright
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Brookwood Dr

City Little Rock State AR Zip Code 72202-1734

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

Name of Employer USA Drug Occupation Chief Executive Officer and President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 21 / 2015
Transaction ID : 38105149

Amount of Each Receipt this Period 1500.00

C. Mr. William Cross
Full Name (Last, First, Middle Initial)

Mailing Address 4777 Lighthouse Village Circle

City Liverpool State NY Zip Code 13088-4131

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

Name of Employer Kinney Drugs, Inc. Occupation Regional Retail Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 21 / 2015
Transaction ID : 38105150

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2115.00

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 13 OF 69
	<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

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

A. Mr. Ken Martindale
Full Name (Last, First, Middle Initial)

Mailing Address 30 Hunter Ln

City State Zip Code
Camp Hill PA 17011-2400

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

Name of Employer Occupation
Rite Aid Corporation President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2015
Transaction ID : 38105332

Amount of Each Receipt this Period
5000.00

B. Mr. Dennis F. Wiesner
Full Name (Last, First, Middle Initial)

Mailing Address 3481 Fredericksburg Rd

City State Zip Code
San Antonio TX 78201-3848

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

Name of Employer Occupation
H-E-B Senior Director Privacy, Pharmacy and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2015
Transaction ID : 38106248

Amount of Each Receipt this Period
500.00

C. Mr. Owen Halloran
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woods Drive

City State Zip Code
Canton NY 13617-1061

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

Name of Employer Occupation
Kinney Drugs, Inc. Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015
Transaction ID : 38106504

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5865.00

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 14 OF 69
	<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

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. Mr. John Standley
Full Name (Last, First, Middle Initial)

Mailing Address 30 Hunter Ln

City State Zip Code
Camp Hill PA 17011-2400

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

Name of Employer Occupation
Rite Aid Corporation Chairman and CEO

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
04 / 25 / 2015
Transaction ID : 38115855

Amount of Each Receipt this Period
5000.00

B. Mr. Scott Verner
Full Name (Last, First, Middle Initial)

Mailing Address 8146 Emerald Ave

City State Zip Code
Parkland FL 33076-4429

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

Name of Employer Occupation
Nipro Diagnostics President & CEO

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
04 / 25 / 2015
Transaction ID : 38115857

Amount of Each Receipt this Period
5000.00

C. Mr. Gregg Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 527 Chesterfield Lane

City State Zip Code
Barrington IL 60010-6526

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

Name of Employer Occupation
Nipro Diagnostics SVP Consumer Healthcare

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
04 / 25 / 2015
Transaction ID : 38115859

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10365.00

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 15 OF 69
	<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

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

A. Mr. James J. Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Campus Drive
 City State Zip Code
 Collegeville PA 19426-4903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IMS HEALTH VP Supplier Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115861
 Amount of Each Receipt this Period
 365.00

B. Mr. Douglas M. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 Clearlake Drive
 City State Zip Code
 Ponte Vedra Beach FL 32082-2178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IMS HEALTH Vice President, Industry Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115863
 Amount of Each Receipt this Period
 365.00

C. Mr. Richard J. Swanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 W Lake Cook Rd Ste 372
 City State Zip Code
 Buffalo Grove IL 60089-1991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Swanson Group, The Principal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115867
 Amount of Each Receipt this Period
 500.00

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: PAGE 16 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ms. Peyton Howell
 Mailing Address 4724 Carmel Club Drive
 City State Zip Code
 Charlotte NC 28226-8016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AmerisourceBergen Corporation President and SVP, Global Security
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115869
 Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. Mr. Harvey Goodman
 Mailing Address 31 E. High Street
 City State Zip Code
 East Hampton CT 06424-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dickinson Brands Inc. Vice President, Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115871
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mr. Jeffery H. Gerchenson
 Mailing Address 7711 N Merrimac Ave
 City State Zip Code
 Niles IL 60714-3423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ALVA-AMCO Pharmacal Cos., Inc. Chairman, President and Chief Executiv
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115873
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 980.00
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 17 OF 69
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. Robert Thompson		Date of Receipt
Mailing Address 105 Lavynddon Lane		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2015
City State Zip Code Mechanicsburg PA 17055-8022		Transaction ID : 38115875
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Rite Aid Corporation	Occupation Executive Vice President, Pharmacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Mr. John C. Vayianos		Date of Receipt
Mailing Address 74 20th St		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2015
City State Zip Code Brooklyn NY 11232-1101		Transaction ID : 38115882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PROFOOT Inc.	Occupation Vice President, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. A.P. Skip Aldridge		Date of Receipt
Mailing Address 2295 South Ocean Blvd #223		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2015
City State Zip Code Palm Beach FL 33480-5380		Transaction ID : 38115884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Head of Sales Consulting	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	3365.00
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 18 OF 69
	<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. Mr. Michael Kody
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Morris Drive
 City Chesterbrook State PA Zip Code 19087-5559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AmerisourceBergen Corporation Occupation SVP Finance and Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115886
 Amount of Each Receipt this Period
 1000.00

B. Akin Odutola
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Washington Street
 City Conshohocken State PA Zip Code 19428-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AmerisourceBergen Corporation Occupation Vice President, Global Branded
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 38115888
 Amount of Each Receipt this Period
 250.00

C. Mr. Wayne Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Park Ave Fl 6TH
 City New York State NY Zip Code 10022-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Drug Store News Occupation Publisher, Drug Store News Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2015
Transaction ID : 38115902
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 19 OF 69
	<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. Mr. Jon L. Giacomini
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 Cardinal Pl
 City State Zip Code
 Dublin OH 43017-1091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medicine Shoppe International, Inc. RVP Pacific North
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2015
Transaction ID : 38115904
 Amount of Each Receipt this Period
 1000.00

B. Mr. Christopher Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1914 Monterey Drive
 City State Zip Code
 Mechanicsburg PA 17050-8512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rite Aid Corporation Senior Vice President, Strategic Busin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2015
Transaction ID : 38115906
 Amount of Each Receipt this Period
 250.00

C. Dr. William Earl Osborn
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 West Central
 City State Zip Code
 Miami OK 74354-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Osborn Drugs, Inc. President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 38133865
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 20 OF 69
	<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	

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

A. Mr Kevin Knightly
Full Name (Last, First, Middle Initial)

Mailing Address 25 Apple Tree Lane

City New Canaan State CT Zip Code 06840-2603

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

Name of Employer IMS HEALTH Occupation SVP

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
 04 / 30 / 2015
Transaction ID : 38139296

Amount of Each Receipt this Period
 365.00

B. Mr. Jeffrey Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 350 N Orleans St, 10th Floor

City Chicago State IL Zip Code 60654-1700

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

Name of Employer Higi Occupation CEO

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
 04 / 30 / 2015
Transaction ID : 38139298

Amount of Each Receipt this Period
 365.00

C. Mr. Brian Scott
Full Name (Last, First, Middle Initial)

Mailing Address 29 E Main St

City Gouverneur State NY Zip Code 13642-1401

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

Name of Employer Kinney Drugs, Inc. Occupation V.P. Division of Institutional Rx Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 38148500

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2230.00

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 21 OF 69
	<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. Mr. Stephen P. McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 E Main St
 City State Zip Code
 Gouverneur NY 13642-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kinney Drugs, Inc. EVP and CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 38152580
 Amount of Each Receipt this Period
 1500.00

B. Ms. Jocelyn Konrad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1710 Osprey Drive
 City State Zip Code
 Audubon PA 19403-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rite Aid Corporation VP, Healthcare Initiatives
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 38152582
 Amount of Each Receipt this Period
 250.00

C. Mr. Martin Otto
 Full Name (Last, First, Middle Initial)
 Mailing Address 646 S Main Ave
 City State Zip Code
 San Antonio TX 78204-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 H-E-B CFO and EVP of Merchandising/Procurement
 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
 04 / 30 / 2015
Transaction ID : 38152583
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	6750.00
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 22 OF 69
	<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

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

A. Mr. Robert J. Kwait
 Full Name (Last, First, Middle Initial)
 Mailing Address 28325 Belcourt Road
 City State Zip Code
 Pepper Pike OH 44124-5621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bob Kwait Consulting Group/Kwait & Ass Chairman
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 38152584
 Amount of Each Receipt this Period
 1000.00

B. Mr. Timothy Weippert
 Full Name (Last, First, Middle Initial)
 Mailing Address 17737 73rd Ave. N
 City State Zip Code
 Maple Grove MN 55311-2757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Thrifty White Stores Vice President of Pharmacy Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 38152586
 Amount of Each Receipt this Period
 1000.00

C. Ms. Rebecca Bubel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3018 Route 29
 City State Zip Code
 Middle Grove NY 12850-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kinney Drugs, Inc. Regional Pharmacy Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 38152587
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	2365.00
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 23 OF 69
<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. Mr. Brian Dykeman
Full Name (Last, First, Middle Initial)

Mailing Address 29 E Main St

City State Zip Code
Gouverneur NY 13642-1401

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

Name of Employer Occupation
Kinney Drugs, Inc. Retail Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 30 / 2015
Transaction ID : 38152589

Amount of Each Receipt this Period
400.00

B. Mr. Daniel Hind
Full Name (Last, First, Middle Initial)

Mailing Address 6556 Marra Lane

City State Zip Code
Cicero NY 13039-7854

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

Name of Employer Occupation
Kinney Drugs, Inc. Regional Pharmacy Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
05 / 08 / 2015
Transaction ID : 38158946

Amount of Each Receipt this Period
365.00

C. Mr. James O'Connor
Full Name (Last, First, Middle Initial)

Mailing Address 108 Wilnot Road

City State Zip Code
Deerfield IL 60015-5145

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

Name of Employer Occupation
Walgreen Co. SVP, US Healthcare Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 02 / 2015
Transaction ID : 38231133

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1765.00

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 24 OF 69
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. Don L. Bell II		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR1054895636829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1249.95	
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Legal Affairs a	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	

Full Name (Last, First, Middle Initial) B. Mr. David M. Fitzsimmons		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR1054896236829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1249.95	
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Finance and Adm	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	

Full Name (Last, First, Middle Initial) C. Mrs. Sandra Kay Guckian		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR1054896936829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1249.95	
Name of Employer National Association of Chain Drug Sto	Occupation Vice President & Deputy Director, Stat	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	

SUBTOTAL of Receipts This Page (optional).....▶	3749.85
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 25 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Mr. James A. Whitman
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto
 Occupation Senior Vice President, Member Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR1054897936829
 Amount of Each Receipt this Period
 1249.95
 P/R Deduction (\$96.15 Bi-Weekly)

B. Mr. Kevin N. Nicholson
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto
 Occupation Vice President, Government Affairs & P
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR1055174736829
 Amount of Each Receipt this Period
 249.99
 P/R Deduction (\$19.23 Bi-Weekly)

C. Mr. Steve C. Anderson
 Full Name (Last, First, Middle Initial)
 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 National Association of Chain Drug Sto
 Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2502.50

Date of Receipt
 06 / 30 / 2015
Transaction ID : PR2202229336829
 Amount of Each Receipt this Period
 2502.50
 P/R Deduction (\$192.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	4002.44
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 26 OF 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Christopher Krese		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2231851436829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.07	
Name of Employer National Association of Chain Drug Sto	Occupation SVP, Marketing, Communications, & Medi	P/R Deduction (\$115.39 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.07	

Full Name (Last, First, Middle Initial) B. Ms. Carol Kelly		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2247598136829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1805.44	
Name of Employer National Association of Chain Drug Sto	Occupation Senior Vice President, Government Affa	P/R Deduction (\$138.88 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1805.44	

Full Name (Last, First, Middle Initial) C. Ms. Christine M. Kopple		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2257462236829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 650.00	
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Media Relations	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	3955.51
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 27 OF 69
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. Marc Schloss		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2390680736829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 249.99	
Name of Employer National Association of Chain Drug Sto	Occupation Director, Federal Government Affairs	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Ms. Jennifer Anne Foley		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1323 West Virginia Ave NE		Transaction ID : PR2489082336829
City Washington	State DC	Zip Code 20002-3829
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 499.98	
Name of Employer National Association of Chain Drug Sto	Occupation Director, Political Affairs	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Mr. Jeff Davis		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2576387936829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.00	
Name of Employer National Association of Chain Drug Sto	Occupation Director, Accounting & Finance	P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional).....▶	957.97
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 28 OF 69
	<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

Full Name (Last, First, Middle Initial) A. Ms. Leigh Knotts		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2576388136829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00	
Name of Employer National Association of Chain Drug Sto	Occupation Director, State Government Affairs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas O'Donnell		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1776 Wilson Blvd Suite 200		Transaction ID : PR2595770236829
City Arlington	State VA	Zip Code 22209-2516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1499.94	
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Federal Gov't Affairs	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2519.94	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1759.94
TOTAL This Period (last page this line number only).....▶	86455.71

**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 29 OF 69
<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. Hy-VEE, Inc. Employee's PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 Westown Parkway
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C** C00243659
 Name of Employer Occupation
 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
 03 / 24 / 2015
Transaction ID : 38010660
 Amount of Each Receipt this Period
 5000.00

B. Pharmavite PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 8510 Blalboa Boulevard
 City Northridge State CA Zip Code 91325
 FEC ID number of contributing federal political committee. **C** C00410654
 Name of Employer Occupation
 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
 03 / 31 / 2015
Transaction ID : 38053358
 Amount of Each Receipt this Period
 1000.00

c. AmerisourceBergen Corp. PAC (ABC PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Morris Drive Suite 100
 City Chesterbrook State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C** C00400929
 Name of Employer Occupation
 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
 02 / 05 / 2015
Transaction ID : 38070065
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
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 30 OF 69
<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

Full Name (Last, First, Middle Initial)
A. Publix Super Markets, Inc. Associates PAC

Mailing Address P.O. Box 407

City State Zip Code
Lakeland FL 33802

FEC ID number of contributing federal political committee. **C** C00400705

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2015
Transaction ID : 38085434

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Walgreen Co. PAC

Mailing Address 104 Wilmot Road, M.S. #1447

City State Zip Code
Deerfield IL 60015-6200

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2015
Transaction ID : 38189956

Amount of Each Receipt this Period
5000.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	21000.00

**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 31 OF 69
<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

Full Name (Last, First, Middle Initial)
A. National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria	State VA	Zip Code 22313-1480
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **478.78**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : 37965122

Amount of Each Receipt this Period

295.74

Jan.15 - Bank Fees Reimb.

Full Name (Last, First, Middle Initial)
B. National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria	State VA	Zip Code 22313-1480
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 37966314

Amount of Each Receipt this Period

202.12

Feb.15 - Bank Fees Reimb.

Full Name (Last, First, Middle Initial)
C. National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria	State VA	Zip Code 22313-1480
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **829.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

Transaction ID : 38067408

Amount of Each Receipt this Period

148.63

Mar.15 - Bank Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....▶	646.49
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 32 OF 69
<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

Full Name (Last, First, Middle Initial)
A. National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1515.71

Date of Receipt
MM / DD / YYYY
05 / 06 / 2015
Transaction ID : 38153225

Amount of Each Receipt this Period
686.18

Apr.15 - Bank Fees Reimb.

Full Name (Last, First, Middle Initial)
B. National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2396.12

Date of Receipt
MM / DD / YYYY
06 / 03 / 2015
Transaction ID : 38336928

Amount of Each Receipt this Period
880.41

May 15 - Bank Fees Reimb.

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

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).....▶	1566.59
TOTAL This Period (last page this line number only).....▶	2213.08

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Jan. 15 - Analysis Fees Chking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : 37914355

Amount of Each Disbursement this Period

49.82

Jan. 15 - Analysis Fees Chking

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Jan. 15 - Merchant Fees MMkt

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : 37914358

Amount of Each Disbursement this Period

213.93

Jan. 15 - Merchant Fees MMkt

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Jan. 15 - Analysis/Imaging Fees MMkt

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2015

Transaction ID : 37914359

Amount of Each Disbursement this Period

31.00

Jan. 15 - Analysis/Imaging Fees MMkt

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

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

294.75

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Feb.15 - Analysis Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37965114

Amount of Each Disbursement this Period

Feb.15 - Analysis Fee

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Feb.15 - Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37965115

Amount of Each Disbursement this Period

Feb.15 - Merchant Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Feb.15 - Imaging/Analysis Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37965117

Amount of Each Disbursement this Period

Feb.15 - Imaging/Analysis Fees

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

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Mar.15 - Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38055713

Amount of Each Disbursement this Period

Mar.15 - Merchant Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Mar.15 - Image/Analysis Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38055734

Amount of Each Disbursement this Period

Mar.15 - Image/Analysis Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Mar.15 - Analysis Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38055736

Amount of Each Disbursement this Period

Mar.15 - Analysis Fees

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

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Apr.15 - Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38152581

Amount of Each Disbursement this Period

Apr.15 - Merchant Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Apr.15 - Analysis Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38152585

Amount of Each Disbursement this Period

Apr.15 - Analysis Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Apr.15 - Analysis Fee Chking

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38152588

Amount of Each Disbursement this Period

Apr.15 - Analysis Fee Chking

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Apr 15 Amex Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38152594

Amount of Each Disbursement this Period

536.35

Apr 15 Amex Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
May 15 - Amex Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 31 / 2015

Transaction ID : 38231984

Amount of Each Disbursement this Period

2.90

May 15 - Amex Fee

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
May 15 - Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 31 / 2015

Transaction ID : 38231987

Amount of Each Disbursement this Period

791.43

May 15 - Merchant Fees

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

1330.68

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
May 15 - Anaysis/Imaging Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38231989

Amount of Each Disbursement this Period

May 15 - Anaysis/Imaging Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
May 15 - Chking Imaging Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38231995

Amount of Each Disbursement this Period

May 15 - Chking Imaging Fees

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Jun.15 - Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38336933

Amount of Each Disbursement this Period

Jun.15 - Merchant Fees

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

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Jun.15 - Analysis/Imaging Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38336934

Amount of Each Disbursement this Period

Jun.15 - Analysis/Imaging Fees

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Jun.15 - Analysis Fees Chking

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38336937

Amount of Each Disbursement this Period

Jun.15 - Analysis Fees Chking

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City State Zip Code
Bloomington IN 47402

Purpose of Disbursement
Void - Friends Of Todd Young, Inc.

Candidate Name

Rep. Todd Young

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	5

Transaction ID : 37859806

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Friends Of Todd Young, Inc.

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement

Candidate Name

NEW DEMOCRAT COALITION PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : 37860396

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The National Republican Congressional Committee

Mailing Address 320 First Street

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Candidate Name

The National Republican Congressional Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : 37860398

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

8	0	0	0	0	0	0	0	0	0
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8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tuesday Group

Mailing Address P. O. BOX 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tuesday Group

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : 37860399

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol St, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : 37860400

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Democratic Senatorial Campaign Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Transaction ID : 37860402

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 2nd St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2015

Transaction ID : 37860403

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Candidate Name

Rep. Gus M. Bilirakis

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

Transaction ID : 38009618

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011

Candidate Name

Rep. Doug Collins

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2015

Transaction ID : 38009619

Amount of Each Disbursement this Period

1,500.00

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

7,500.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Henry Hank Johnson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Mailing Address 4153 Flat Shoals Parkway
Suite 322, Building C, 2nd Floor

City Decatur State GA Zip Code 30034

Transaction ID : 38009622

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Hank C. Johnson Jr.

Office Sought: House
 Senate
 President
State: GA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Duckworth For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Transaction ID : 38009626

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

L. Tammy Duckworth

Office Sought: House
 Senate
 President
State: IL District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Friends Of David Jolly

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Mailing Address P. O. Box 1158

City Indian Rocks Beach State FL Zip Code 33785

Transaction ID : 38009628

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. David W. Jolly

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

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

3000.00

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

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**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 44 OF 69			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Friends Of Jim Clyburn

Full Name (Last, First, Middle Initial)
Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Category/Type

Candidate Name
Rep. James E. Clyburn

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement: 03 / 23 / 2015

Transaction ID : **38009630**

Amount of Each Disbursement this Period: 1000.00

B. Friends Of Joe Heck

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement Category/Type

Candidate Name
Rep. Joseph J. Heck

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement: 03 / 23 / 2015

Transaction ID : **38009632**

Amount of Each Disbursement this Period: 1000.00

C. Friends Of Patrick Murphy

Full Name (Last, First, Middle Initial)
Mailing Address 4521 Pga Blvd #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement Category/Type

Candidate Name
Rep. Patrick E. Murphy

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement: 03 / 23 / 2015

Transaction ID : **38009634**

Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Roy Blunt

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 38009635

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Charles E. Schumer

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 38009637

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. George E.B. Holding

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 38009641

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Mailing Address PO Box 1324

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jason T. Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 38009647

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joe Kennedy For Congress

Mailing Address PO Box 590464

City State Zip Code
Newton MA 02459

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Kennedy III

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 38009648

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City State Zip Code
Bowling Green OH 43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bob Latta

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 38009658

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

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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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Leahy For U.S. Senator Committee

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Patrick J. Leahy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 38009659

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David Wayne Loeb sack

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 38009661

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick Timothy McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 38009664

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : 38009665

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : 38009666

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement

011

Candidate Name

Rep. Steve J. Israel

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : 38009667

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

3000.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Upton For All Of Us

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2015

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
011
Category/Type

Transaction ID : **38009668**

Amount of Each Disbursement this Period
5000.00

Candidate Name
Rep. Frederick Stephen Upton

Office Sought: House Senate President
Disbursement For: 2016 Primary General
 Other (specify) ▼

State: MI District: 06

Full Name (Last, First, Middle Initial)
B. Volunteers For Shimkus

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2015

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement
011
Category/Type

Transaction ID : **38009669**

Amount of Each Disbursement this Period
1500.00

Candidate Name
Rep. John M. Shimkus

Office Sought: House Senate President
Disbursement For: 2016 Primary General
 Other (specify) ▼

State: IL District: 15

Full Name (Last, First, Middle Initial)
C. Guthrie For Congress

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2015

Mailing Address PO Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement
011
Category/Type

Transaction ID : **38053005**

Amount of Each Disbursement this Period
2500.00

Candidate Name
Rep. Brett Guthrie

Office Sought: House Senate President
Disbursement For: 2016 Primary General
 Other (specify) ▼

State: KY District: 02

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Richard M. Burr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : 38053006

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201023

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Blumenthal For Connecticut

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Blumenthal

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201025

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

5	5	0	0	0	0	0	0	0	0

5	5	0	0	0	0	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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement

011

Candidate Name

Earl Carter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 38201026

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Boehner for Speaker

Mailing Address 320 FIRST ST., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 38201031

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Butterfield For Congress

Mailing Address 434 Fayetteville Street
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement

011

Candidate Name

Rep. G. K. Butterfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 38201036

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201039

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Congressman Duncan Hunter

Mailing Address 9340 Fuerte Drive Suite 302

City La Mesa State CA Zip Code 91941

Purpose of Disbursement

011

Candidate Name

Rep. Duncan L. Hunter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201040

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

011

Candidate Name

DEMOCRATS WIN SEATS (DWS PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201043

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

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

5	5	0	0	0	0
---	---	---	---	---	---

3	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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement

011

Candidate Name

Rep. Morgan H. Griffith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201044

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201046

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Rep. Joseph J. Heck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201048

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Candidate Name

Joseph Kennedy III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201051

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

Rep. Joe R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201058

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1500.00

Full Name (Last, First, Middle Initial)

C. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

Rep. Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201059

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1000.00

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

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

3000.00

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201061

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201062

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201063

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Patrick Toomey

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201064

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Nancy Pelosi

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201066

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011

Candidate Name

Rep. Peter Welch

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201067

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Candidate Name

Sen. Rob Portman

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 38201068

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 38201070

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 38201071

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa DeLauro

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rosa L. DeLauro

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Convention2016**

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201072

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ryan Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **▼**

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201073

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Whitehouse For Senate

Mailing Address P.O. Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Sheldon Whitehouse

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **▼**

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 38201074

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : 38201075

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Todd Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : 38201076

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Marino For Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom Marino

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : 38201077

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement
Void - Bill Cassidy For Us Senate

Candidate Name

William Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 General Debt Re

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : 38230714

Amount of Each Disbursement this Period

-2000.00

Void - Bill Cassidy For Us Senate

Full Name (Last, First, Middle Initial)

B. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City State Zip Code
Tifton GA 31793

Purpose of Disbursement

Candidate Name

Rep. Austin Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305410

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Beatty For Congress

Mailing Address PO Box 172

City State Zip Code
Columbus OH 43216

Purpose of Disbursement

Candidate Name

Rep. Joyce Beatty

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305411

Amount of Each Disbursement this Period

1000.00

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

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

0.00

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Boozman For Arkansas

Mailing Address PO Box 671

City State Zip Code
Rogers AR 72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. John Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305412

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8770 Sw 72nd St

City State Zip Code
Miami FL 33173

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Carlos Curbelo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305413

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dold For Congress

Mailing Address PO Box 6312

City State Zip Code
Libertyville IL 60048

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bob James Dold Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305414

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Candidate Name

Rep. Cheri Bustos

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305415

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Candidate Name

Sen. Johnny Isakson

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305416

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 700 13th Street Nw Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Steny H. Hoyer

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305420

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ICE PAC

Mailing Address PO BOX 752

City Long Lake State MN Zip Code 55356

Purpose of Disbursement

011

Candidate Name

ICE PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305421

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Leahy For U.S. Senator Committee

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement

011

Candidate Name

Sen. Patrick J. Leahy

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305422

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name

Rep. Sandy M. Levin

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305423

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lou Barletta For Congress

Mailing Address P.O. Box 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement

011

Candidate Name

Rep. Lou Barletta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : 38305424

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : 38305425

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Mike Crapo For Us Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement

011

Candidate Name

Sen. Mike Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : 38305426

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305427

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick L. Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305428

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ben Ray Lujan Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305429

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. The Niki Tsongas Committee

Mailing Address PO Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement

011

Candidate Name

Rep. Niki S. Tsongas

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MA District: 03

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305431

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement

011

Candidate Name

Rep. Jackie Walorski

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305432

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thornberry For Congress Committee

Mailing Address PO Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement

011

Candidate Name

Rep. Mac Thornberry

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 13

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 38305435

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tim Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 38305436

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address P.O. Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 38305563

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

135000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Citizens for Seth Grove

Mailing Address 1854 Ashcombe Drive

City Dover State PA Zip Code 17315

Purpose of Disbursement
Seth Grove, STATE HOUSE 196th PA

011

Category/
Type

Candidate Name

PA Rep. Seth Grove

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	5

Transaction ID : 38085428

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Seth Grove, STATE HOUSE 196th PA

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JAKE CORMAN

Mailing Address P.O. BOX 412

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Jake Corman, STATE SENATE 34th PA

011

Category/
Type

Candidate Name

Senator Jake Corman

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 38201045

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Jake Corman, STATE SENATE 34th PA

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JAKE CORMAN

Mailing Address P.O. BOX 412

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Void - FRIENDS OF JAKE CORMAN

011

Category/
Type

Candidate Name

Senator Jake Corman

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : 38269891

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
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Void - FRIENDS OF JAKE CORMAN

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

5	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JAKE CORMAN

Mailing Address P.O. BOX 412

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Jake Corman, STATE SENATE 34th PA

Candidate Name
Senator Jake Corman

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 38277869

Amount of Each Disbursement this Period

Jake Corman, STATE SENATE 34th PA

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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