

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. **12FE4M5**
National Association of Chain Drug Stores, Inc. Political Action Committee

ADDRESS (number and street) 1776 Wilson Boulevard
Suite 200
Arlington VA 22209
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00022368 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2016] through [09] / [30] / [2016]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Fitzsimmons, David M., , ,
Type or Print Name of Treasurer

Signature of Treasurer *Fitzsimmons, David M., , ,* [Electronically Filed] Date [10] / [13] / [2016]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>	<input type="text" value="98850.83"/>	<input type="text" value="98850.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60483.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="95526.97"/>	<input type="text" value="196080.53"/>
(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="156010.81"/>	<input type="text" value="294931.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55975.60"/>	<input type="text" value="194896.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="100035.21"/>	<input type="text" value="100035.21"/>
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

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).....	84342.28	154336.99
(ii) Unitemized	319.65	3292.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	84661.93	157629.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	36000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	94661.93	193629.16
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	865.04	2451.37
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)).....▶	95526.97	196080.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	95526.97	196080.53

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	975.60	2531.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	975.60	2531.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	173000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1365.00
(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	1365.00
29. Other Disbursements (Including Non-Federal Donations).....	8500.00	18000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	55975.60	194896.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55975.60	194896.15

DETAILED SUMMARY PAGE
of Disbursements

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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)	94661.93	193629.16
34. Total Contribution Refunds (from Line 28(d))	0.00	1365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94661.93	192264.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	975.60	2531.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	975.60	2531.15

**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 49
<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

A. Brainard, Colin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 I Street NE #407

City Washington	State DC	Zip Code 20002-4494
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Director, Federal Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : 26369503

Amount of Each Receipt this Period
115.38

Memo Item

B. Bellaire, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 Old Stratton Chase, NW

City Atlanta	State GA	Zip Code 30328-3652
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bain & Company, Inc.	Occupation (for Individual) Senior Partner, Director
---	---

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
07	/	12	/	2016

Transaction ID : 39715679

Amount of Each Receipt this Period
1500.00

Memo Item

C. Wiesner, Dennis, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3481 Fredericksburg Rd

City San Antonio	State TX	Zip Code 78201-3848
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Senior Director Privacy, Pharmacy and
--	--

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
07	/	12	/	2016

Transaction ID : 39715693

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1980.38
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 7 OF 49
	<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. Norman, Craig, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Queens HL
 City San Antonio State TX Zip Code 78257-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H-E-B Occupation (for Individual) Senior Vice President, Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 39715977
 Amount of Each Receipt this Period
 2200.00
 Memo Item

B. Gates, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Durham Court
 City Lake Forest State IL Zip Code 60045-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walgreen Co. Occupation (for Individual) Vice President, Pharmacy Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 39716532
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Bremser, Brett, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-8223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hy-Vee Inc. Occupation (for Individual) Executive Vice President, Western Regi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2016
Transaction ID : 39716541
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3300.00
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 49
	<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. Skokan, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Assistant Vice President, Financial Re
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : 39716543

Amount of Each Receipt this Period
83.34

Memo Item

B. Adsit, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 E Main St

City Gouverneur	State NY	Zip Code 13642-1401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kinney Drugs, Inc.	Occupation (for Individual) Director of Pharmacy Operation
---	---

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
07		13		2016

Transaction ID : 39719250

Amount of Each Receipt this Period
365.00

Memo Item

C. Foulkes, Helena, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CVS Caremark Corporation	Occupation (for Individual) Senior VP Health Care Services
---	---

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
07		13		2016

Transaction ID : 39719255

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1448.34
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 49
<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. Panzer, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 E Park Center Blvd
 City Boise State ID Zip Code 83706-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Albertsons LLC SVP Health and Wellness
 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
 07 / 14 / 2016
Transaction ID : 39727446
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Sternheim, Sharon, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 Thriftway/Zitomer Drug President
 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
 07 / 14 / 2016
Transaction ID : 39728001
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Peterson, Ted, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 Chain Bridge Road, Suite 54
 City McLean State VA Zip Code 22101-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CPG Linkages President
 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
 07 / 14 / 2016
Transaction ID : 39728088
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7750.00
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 49
	<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. Vucurevich, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Buena Vista Drive
 City South Lebanon State OH Zip Code 45065-8744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genoa Healthcare Holdings, LLC Occupation (for Individual) Group Vice President, Pharmacy Purch.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 39729091
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Borneman, J.P., , Dr., PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 87
 City Bryn Mawr State PA Zip Code 19010-0087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hyland's, Inc. Occupation (for Individual) Chairman and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 39745027
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Griffin, Mark, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 S Minnesota Ave Ste 1
 City Sioux Falls State SD Zip Code 57105-4746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lewis Drugs, Inc. Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 22 / 2016
Transaction ID : 39770130
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 49
	<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. Dougan, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Vice President, Procurement
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 39770176

Amount of Each Receipt this Period
100.00

Memo Item

B. Laing, Sheila, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Executive Vice President, Chief Custom
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 39770273

Amount of Each Receipt this Period
250.00

Memo Item

C. Marshall, Jay, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Executive Vice President, Chief Retail
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : 39770358

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 49
<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. Williams, Kristin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Pharmacy Supervisor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

Transaction ID : 39770478

Amount of Each Receipt this Period
250.00

Memo Item

B. Emerson, Scott, R., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 407 E Lancaster Ave

City Wayne	State PA	Zip Code 19087-4202
---------------	-------------	------------------------

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

Name of Employer (for Individual) The Emerson Group	Occupation (for Individual) Corporate President, Chairman, and Cf
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2016

Transaction ID : 39786401

Amount of Each Receipt this Period
1250.00

Memo Item

C. Swanson, Richard, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 W Lake Cook Rd Ste 372

City Buffalo Grove	State IL	Zip Code 60089-1991
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Swanson Group, The	Occupation (for Individual) Principal
---	--

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
08	/	02	/	2016

Transaction ID : 39791142

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 49
<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. Miller, Daniel, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1921 Monterey Drive

City Mechanicsburg	State PA	Zip Code 17050-8511
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) Senior Vice President, Pharmacy
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2016

Transaction ID : 39791305

Amount of Each Receipt this Period
500.00

Memo Item

B. Konrad, Jocelyn, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1710 Osprey Drive

City Audubon	State PA	Zip Code 19403-1863
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) EVP, Pharmacy
---	--

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
08	/	02	/	2016

Transaction ID : 39791332

Amount of Each Receipt this Period
250.00

Memo Item

C. Norton, Rita, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3530 Pinetree Terrace

City Falls Church	State VA	Zip Code 22041-1418
----------------------	-------------	------------------------

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

Name of Employer (for Individual) AmerisourceBergen Corporation	Occupation (for Individual) SVP Gov't Affairs and Public Policy
--	--

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
08	/	03	/	2016

Transaction ID : 39796929

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 49
	<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. Bubel, Rebecca, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3018 Route 29
 City Middle Grove State NY Zip Code 12850-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kinney Drugs, Inc. Occupation (for Individual) Regional Pharmacy Manager
 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
 08 / 03 / 2016
Transaction ID : 39796931
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. Cesnovar, Casey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Wilmot Rd
 City Deerfield State IL Zip Code 60015-5121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walgreen Co. Occupation (for Individual) Manager, State Government Relations
 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
 08 / 03 / 2016
Transaction ID : 39800999
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Thacker, Jonathan, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Davidsons Mill Road
 City Jamesburg State NJ Zip Code 08831-3014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wakefern Food Corp Occupation (for Individual) Vice President, Pharmacy
 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
 08 / 04 / 2016
Transaction ID : 39802431
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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 15 OF 49
<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. Padalecki, Lynette, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 646 S. Flores St

City San Antonio	State TX	Zip Code 78204-1219
---------------------	-------------	------------------------

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

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Group VP, Planning & Analysis
--	--

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
08		04		2016

Transaction ID : 39802433

Amount of Each Receipt this Period
250.00

Memo Item

B. Hassan, Sarah, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Holland Dr

City Boca Raton	State FL	Zip Code 33487-2701
--------------------	-------------	------------------------

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

Name of Employer (for Individual) iM HealthScience	Occupation (for Individual) CFO
---	------------------------------------

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
08		04		2016

Transaction ID : 39802435

Amount of Each Receipt this Period
365.00

Memo Item

C. Merlo, Larry, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Cvs Dr

City Woonsocket	State RI	Zip Code 02895-6146
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CVS Health	Occupation (for Individual) President and Chief Executive Officer
---	--

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
08		04		2016

Transaction ID : 39822642

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5615.00
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 16 OF 49
	<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. Lane, Christopher, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 Riverside Drive

City Keasbey	State NJ	Zip Code 08832-1209
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Wakefern Food Corp./ShopRite	Occupation (for Individual) SVP, Products Division
---	---

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
08		04		2016

Transaction ID : 39823334

Amount of Each Receipt this Period
1000.00

Memo Item

B. Maaraba, Ashton, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 773 Elmgrove Road Building 2

City Rochester	State NY	Zip Code 14624-6200
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PharmaSmart International	Occupation (for Individual) COO
--	------------------------------------

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
08		04		2016

Transaction ID : 39823338

Amount of Each Receipt this Period
250.00

Memo Item

C. Farrell, Alison, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Bellows Drive

City Carlisle	State PA	Zip Code 17015-8953
------------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) VP Managed Care
---	--

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
08		04		2016

Transaction ID : 39823405

Amount of Each Receipt this Period
250.00

Memo Item

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 17 OF 49
	<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. Weippert, Timothy, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6055 Nathan Lane North

City Plymouth	State MN	Zip Code 55442-1674
------------------	-------------	------------------------

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

Name of Employer (for Individual) Thrifty White Stores	Occupation (for Individual) COO
---	------------------------------------

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
08		06		2016

Transaction ID : 39837207

Amount of Each Receipt this Period
2500.00

Memo Item

B. Erdle, Tim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16901 Northridge Ave. N

City Marine On Saint Croix	State MN	Zip Code 55047-4402
-------------------------------	-------------	------------------------

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

Name of Employer (for Individual) Thrifty White Stores	Occupation (for Individual) Vice President, Operations and Marketi
---	---

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
08		06		2016

Transaction ID : 39837258

Amount of Each Receipt this Period
250.00

Memo Item

C. Filler, Linda, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2311 Burr Oak Road

City Northfield	State IL	Zip Code 60093-2701
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) President, Retail Products
---	---

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
08		06		2016

Transaction ID : 39837260

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 49
<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. Glover, Amanda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1379 Indian Peg Road

City Boiling Springs	State PA	Zip Code 17007-9671
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) VP, Regulatory Affairs
---	---

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
08		06		2016

Transaction ID : 39837264

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Herb, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30825 Wiegman Rd

City Hayward	State CA	Zip Code 94544-7893
-----------------	-------------	------------------------

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

Name of Employer (for Individual) E.&J. Gallo Winery	Occupation (for Individual) General Manager, Trade Development
---	---

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
08		06		2016

Transaction ID : 39837266

Amount of Each Receipt this Period
250.00

Memo Item

C. Dimos, Christopher, T., Mr., RPh
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1206 Maple Avenue

City Downers Grove	State IL	Zip Code 60515-4816
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) SUPERVALU INC.	Occupation (for Individual) President, Pharmacy Operations
---	---

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
08		06		2016

Transaction ID : 39837268

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	865.00
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 49
	<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. Wintemberg, Andrew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 Cherry Hill Rd

City Parsippany	State NJ	Zip Code 07054-1108
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Time Warner Retail	Occupation (for Individual) Executive VP Sales & Logistics
---	---

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
08		06		2016

Transaction ID : 39837274

Amount of Each Receipt this Period
250.00

Memo Item

B. Reed, Chuck, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4000 W Metropolitan Dr Ste 200

City Orange	State CA	Zip Code 92868-3503
----------------	-------------	------------------------

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

Name of Employer (for Individual) AmerisourceBergen Corporation	Occupation (for Individual) GVP, Pharmacy Technology & Solution
--	--

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
08		06		2016

Transaction ID : 39837278

Amount of Each Receipt this Period
1000.00

Memo Item

C. Podgurski, Michael, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Hunter Ln

City Camp Hill	State PA	Zip Code 17011-2400
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) Vice President, Pharmacy Services
---	--

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
08		06		2016

Transaction ID : 39837281

Amount of Each Receipt this Period
250.00

Memo Item

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 20 OF 49
<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. Standley, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Hunter Ln

City Camp Hill	State PA	Zip Code 17011-2400
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) 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
08		06		2016

Transaction ID : 39837283

Amount of Each Receipt this Period
5000.00

Memo Item

B. Martindale, Ken, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Hunter Ln

City Camp Hill	State PA	Zip Code 17011-2400
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) President and COO
---	--

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
08		06		2016

Transaction ID : 39837285

Amount of Each Receipt this Period
5000.00

Memo Item

C. Jacobson, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Hunter Lane

City Camp Hill	State PA	Zip Code 17011-2400
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Rite Aid Corporation	Occupation (for Individual) Vice President, Pharmacy Operations
---	--

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
08		06		2016

Transaction ID : 39837287

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10250.00
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 49
<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. Nightengale, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Millenium Three 227 Washington Str
 City Conshohocken State PA Zip Code 19428-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmerisourceBergen Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 06 / 2016
Transaction ID : 39837293
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Mullin, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AmerisourceBergen Corporation Occupation (for Individual) VP, Customer Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2016
Transaction ID : 39837298
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Coyle, Justin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10320 Main St
 City Fairfax State VA Zip Code 22030-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walgreen Co. Occupation (for Individual) Pharmacy Supervisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2016
Transaction ID : 39837299
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 49
<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

A. Royer, Tammy, Anne, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Bourbon Red Drive
 City Mechanicsburg State PA Zip Code 17050-7952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) V.P. RX Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39839355
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Everett, Bryan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hunter Lane
 City Camp Hill State PA Zip Code 17011-2400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) EVP, Store Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39839360
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Bobby, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12050 Waterford Drive
 City Irwin State PA Zip Code 15642-6348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Corporation Occupation (for Individual) VP Clinical Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39839362
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 49
<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. Foley, Jennifer, Anne, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1323 West Virginia Ave NE

City Washington	State DC	Zip Code 20002-3829
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Director, Political Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		06		2016

Transaction ID : 39854793

Amount of Each Receipt this Period
2.00

Memo Item

B. Bremser, Brett, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Executive Vice President, Western Reg
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2016

Transaction ID : 39856292

Amount of Each Receipt this Period
100.00

Memo Item

C. Skokan, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Assistant Vice President, Financial Re
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
666.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2016

Transaction ID : 39856293

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.34
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 49
<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. Ashworth, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 W. Peter Lake

City Hawthorn Woods	State IL	Zip Code 60047-7512
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Walgreen Co.	Occupation (for Individual) Vice President, PBM Services
---	---

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
09		13		2016

Transaction ID : 39943413

Amount of Each Receipt this Period
5000.00

Memo Item

B. Boyan, Craig, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Garraty Road

City San Antonio	State TX	Zip Code 78209-6148
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Chief Operating Officer
--	--

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
09		13		2016

Transaction ID : 39943683

Amount of Each Receipt this Period
5000.00

Memo Item

C. Butt, Charles, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 King William

City San Antonio	State TX	Zip Code 78204-1210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) H-E-B	Occupation (for Individual) Chairman and Chief Executive Officer
--	---

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
09		13		2016

Transaction ID : 39943684

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
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 25 OF 49
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Greener, Charles, , Mr.,		Date of Receipt
Mailing Address 112 Oak Terrace		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2016"/>
City Lake Bluff	State IL	Zip Code 60044-2718
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 39943685
Name of Employer (for Individual) Walgreen Co.		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual) Vice President, Corporate Affairs		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Petryszak, Robert, A., Mr.,		Date of Receipt
Mailing Address 1601 Kanawha Blvd W Ste 200		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2016"/>
City Charleston	State WV	Zip Code 25312-2500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 39943686
Name of Employer (for Individual) Drug Emporium of West Virginia		Amount of Each Receipt this Period <input type="text" value="365.00"/>
Occupation (for Individual) President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Edeker, Randy, , Mr.,		Date of Receipt
Mailing Address 3703 133rd Street		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City Urbandale	State IA	Zip Code 50323-2175
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 39972179
Name of Employer (for Individual) Hy-Vee Inc.		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual) Chairman, CEO and President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7865.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 49
<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. Bremser, Brett, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Executive Vice President, Western Reg
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : 39973279

Amount of Each Receipt this Period
100.00

Memo Item

B. Skokan, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5820 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-8223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hy-Vee Inc.	Occupation (for Individual) Assistant Vice President, Financial Re
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : 39973281

Amount of Each Receipt this Period
83.34

Memo Item

C. Bell, Don, L., Mr., II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington	State VA	Zip Code 22209-2516
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Senior Vice President, Legal Affairs a
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : PR1054895641907

Amount of Each Receipt this Period
576.90

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	760.24
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 49
	<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. Fitzsimmons, David, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Finance and Adr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 30 / 2016
Transaction ID : PR1054896241907
 Amount of Each Receipt this Period 576.90
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. Guckian, Sandra, Kay, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President & Deputy Director, Stat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 30 / 2016
Transaction ID : PR1054896941907
 Amount of Each Receipt this Period 576.90
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. Perlowski, Steve, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1417-D49
 City Alexandria State VA Zip Code 22313-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Member Relations & Ind
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 09 / 30 / 2016
Transaction ID : PR1054897341907
 Amount of Each Receipt this Period 84.24
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1238.04
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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Whitman, James, A., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Member Program
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 30 / 2016
Transaction ID : PR1054897941907
 Amount of Each Receipt this Period 576.90
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. Arth, Terrence, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Meetings & Internation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.76

Date of Receipt 09 / 30 / 2016
Transaction ID : PR1055162941907
 Amount of Each Receipt this Period 84.24
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. Nicholson, Kevin, N., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Government Affairs & P
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 30 / 2016
Transaction ID : PR1055174741907
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	776.52
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 29 OF 49
<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. Miller, Laura, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8373 Pedigree Court

City Gainesville	State VA	Zip Code 20155-3240
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) Senior Economist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : PR2183668841907

Amount of Each Receipt this Period
84.24

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

B. Anderson, Steve, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Wilson Blvd
Suite 200

City Arlington	State VA	Zip Code 22209-2516
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : PR2202229341907

Amount of Each Receipt this Period
1153.80

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

C. Krese, Christopher, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto	Occupation (for Individual) SVP, Marketing, Communications, & Me
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : PR2231851441907

Amount of Each Receipt this Period
692.34

Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1930.38
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 49
	<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. Kelly, Carol, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Senior Vice President, Government Affa

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2360.96

Date of Receipt
09 / 30 / 2016
Transaction ID : PR2247598141907

Amount of Each Receipt this Period
555.52

Memo Item

P/R Deduction (\$138.88 Bi-Weekly)

B. Worthington, Dawn, F., Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) VP, Human Resources

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.76

Date of Receipt
09 / 30 / 2016
Transaction ID : PR2444803141907

Amount of Each Receipt this Period
84.24

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

C. Foley, Jennifer, Anne, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1323 West Virginia Ave NE

City Washington State DC Zip Code 20002-3829

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

Name of Employer (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Political Affairs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 732.74

Date of Receipt
09 / 30 / 2016
Transaction ID : PR2489082341907

Amount of Each Receipt this Period
230.76

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	870.52
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 31 OF 49
<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. Davis, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Accounting & Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR2576387941907

Amount of Each Receipt this Period 96.00

Memo Item

P/R Deduction (\$16.00 Bi-Weekly)

B. Juhl, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, Federal Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.76

Date of Receipt 09 / 30 / 2016
Transaction ID : PR2576388041907

Amount of Each Receipt this Period 84.24

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

C. Knotts, Leigh, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Director, State Government Affairs

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR2576388141907

Amount of Each Receipt this Period 120.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	300.24
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 49
	<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
-----------------------------	-----------------------------	-----------------------------

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Donnell, Thomas, , Mr.,

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 (for Individual) National Association of Chain Drug Sto Occupation (for Individual) Vice President, Federal Gov't Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2192.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : PR2595770241907

Amount of Each Receipt this Period
692.28

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	692.28
TOTAL This Period (last page this line number only).....	84342.28

**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 33 OF 49
<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. Publix Super Markets, Inc. Associates PAC

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

Mailing Address P.O. Box 407

City Lakeland	State FL	Zip Code 33802
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

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
08	/	23	/	2016

Transaction ID : 39866619

Amount of Each Receipt this Period
5000.00

Memo Item

B. Rite Aid Corp. PAC

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

Mailing Address P.O. Box 3165

City Harrisburg	State PA	Zip Code 17105
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer (for Individual) Occupation (for Individual)

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
09	/	28	/	2016

Transaction ID : 40066823

Amount of Each Receipt this Period
5000.00

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

**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 34 OF 49
<input 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 checked="" type="checkbox"/> 17

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

A. National Association of Chain Drug Stores

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

Transaction ID : 39786404

Amount of Each Receipt this Period
80.37

Memo Item

Jun.16 - CC Fees Reimb.

B. National Association of Chain Drug Stores

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2046.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : 39901130

Amount of Each Receipt this Period
379.44

Memo Item

Jul.16 - Bank Fees Reimb.

C. National Association of Chain Drug Stores

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2451.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2016

Transaction ID : 39938847

Amount of Each Receipt this Period
405.23

Memo Item

Aug.16 - Bank Fees Reimb.

SUBTOTAL of Receipts This Page (optional).....▶	865.04
TOTAL This Period (last page this line number only).....▶	865.04

**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"/> 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
Jul.16 - 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
0	7		3	1		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : 39835209

Amount of Each Disbursement this Period

[REDACTED] 89.44

Jul.16 - Merchant Fees

Memo Item

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
Jul.16 - 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
0	7		3	1		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : 39835210

Amount of Each Disbursement this Period

[REDACTED] 290.00

Jul.16 - Amex Fee

Memo Item

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
Aug.16 - 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
0	8		3	1		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : 39907131

Amount of Each Disbursement this Period

[REDACTED] 195.21

Aug.16 - Amex Fee

Memo Item

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

[REDACTED] 574.65

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

[REDACTED]

**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"/> 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
Aug.16 - 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 M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

C []

Transaction ID : 39907401

Amount of Each Disbursement this Period

[] 210.02

Aug.16 - Merchant Fees

Memo Item

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
Sep.16 - 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 M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C []

Transaction ID : 40064214

Amount of Each Disbursement this Period

[] 190.93

Sep.16 - Merchant Fees

Memo Item

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 400.95

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

[] 975.60

**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"/> 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. Adam Smith For Congress Committee

Mailing Address PO Box 578

City Renton State WA Zip Code 98057

Purpose of Disbursement

Category/
Type

Candidate Name
Smith, Adam, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: WA District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998728

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Category/
Type

Candidate Name
Carter, Earl, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998729

Amount of Each Disbursement this Period

Memo Item

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

Category/
Type

Candidate Name
Butterfield, G. K., , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NC District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998730

Amount of Each Disbursement this Period

Memo Item

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"/> 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

Category/
Type

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2016

FEC Identification Number

C C00390476

Transaction ID : 39998731

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City
Allentown

State
PA

Zip Code
18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dent, Charlie, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2016

FEC Identification Number

C C00386847

Transaction ID : 39998734

Amount of Each Disbursement this Period

1000.00

Memo Item

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

Category/
Type

Candidate Name

Collins, Doug, , Rep.,

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
09	/	27	/	2016

FEC Identification Number

C C00502039

Transaction ID : 39998737

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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. Dold For Congress

Mailing Address PO Box 6312

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dold, Bob, James, Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00465971

Transaction ID : 39998738

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Reichert

Mailing Address PO Box 2032

City
Issaquah

State
WA

Zip Code
98027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Reichert, Dave, George, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00397737

Transaction ID : 39998739

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John McCain Inc

Mailing Address PO Box 16664

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCain, John, S., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00341891

Transaction ID : 39998741

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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 Susan Brooks

Mailing Address 9425 N Meridian St
237

City Indianapolis

State IN

Zip Code 46260

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brooks, Susan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

C C00500207

Transaction ID : 39998743

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street Nw
Suite 600

City Washington

State DC

Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer, Steny, H., Rep.,

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
09		27		2016

FEC Identification Number

C C00140715

Transaction ID : 39998744

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton

State MA

Zip Code 02459

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kennedy, Joseph, , , 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
09		27		2016

FEC Identification Number

C C00512970

Transaction ID : 39998746

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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. Kirk For Senate

Mailing Address PO Box 2594

City
Chicago

State
IL

Zip Code
60690

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kirk, Mark, Steven, Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IL

District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00350785

Transaction ID : 39998747

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kristi For Congress

Mailing Address PO Box 852

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Noem, Kristi, Lynn, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: SD

District: 00

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00476853

Transaction ID : 39998748

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City
Bowling Green

State
OH

Zip Code
43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Latta, Bob, E., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: OH

District: 05

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00438697

Transaction ID : 39998749

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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. 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

Loeb sack, David, Wayne, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00414318

Transaction ID : 39998750

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marc Veasey Congressional Campaign Committee

Mailing Address PO Box 50084

City
Fort Worth

State
TX

Zip Code
76105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Veasey, Marc, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00506832

Transaction ID : 39998751

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Marco Rubio For Us Senate

Mailing Address PO Box 140420

City
Miami

State
FL

Zip Code
33114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rubio, Marco, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00458844

Transaction ID : 39998752

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

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

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

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Category/Type

Candidate Name
Burgess, Michael, C., Rep., M.D.

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998753
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Category/Type

Candidate Name
Thompson, Mike, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: CA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998754
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Category/Type

Candidate Name
Burr, Richard, M., Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998756
Amount of Each Disbursement this Period

Memo Item

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:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Team Ryan

Mailing Address 320 1ST ST SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 39998758

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Tiberi, Pat, J., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: OH

District: 12

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00347492

Transaction ID : 39998760

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address PO Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Upton, Frederick, Stephen, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: MI

District: 06

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C C00200584

Transaction ID : 39998761

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

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

[REDACTED] 8500.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Category/Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998762

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

Category/Type

Candidate Name

Welch, Peter, , Rep.,

Office Sought: House Senate President
State: VT District: 00

Disbursement For: 2016
 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39998763

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Category/Type

Candidate Name

Brady, Kevin, Patrick, Rep.,

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 39999517

Amount of Each Disbursement this Period

Memo Item

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"/> 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. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804

Purpose of Disbursement

011

Category/Type

Candidate Name

Long, Billy, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00460063

Transaction ID : 39999546

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/Type

Candidate Name

Scott, Tim, , Sen.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00540302

Transaction ID : 39999547

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Thune

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Category/Type

Candidate Name

Thune, John, R., Sen.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00409581

Transaction ID : 39999549

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

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

46500.00

**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"/> 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 Frank Farry

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Mailing Address PO Box 231

FEC Identification Number

C	
---	--

Transaction ID : 39900983

Amount of Each Disbursement this Period

	500.00
--	--------

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement
Frank Farry, STATE HOUSE 142nd PA

011
Category/ Type

Candidate Name
Farry, Frank, , PA Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item Frank Farry, STATE HOUSE 142nd PA

Full Name (Last, First, Middle Initial)

B. Charles Schwertner Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Mailing Address P.O. Box 2248

FEC Identification Number

C	
---	--

Transaction ID : 39998733

Amount of Each Disbursement this Period

	1500.00
--	---------

City
Georgetown

State
TX

Zip Code
78627

Purpose of Disbursement
Charles Schwertner, LOCAL TX

011
Category/ Type

Candidate Name
Schwertner, Charles, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item Charles Schwertner, LOCAL TX

Full Name (Last, First, Middle Initial)

C. Cindy Burkett for Texas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Mailing Address Post Office Box 850975

FEC Identification Number

C	
---	--

Transaction ID : 39998736

Amount of Each Disbursement this Period

	1000.00
--	---------

City
Mesquite

State
TX

Zip Code
75185

Purpose of Disbursement
Cindy Burkett, STATE HOUSE 113th TX

011
Category/ Type

Candidate Name
Burkett, Cindy, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item Cindy Burkett, STATE HOUSE 113th TX

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

	3000.00
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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 type="checkbox"/> 23	<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

011

Category/
Type

Candidate Name
Corman, Jake, , Senator,

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C []

Transaction ID : 39998740

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Jake Corman, STATE SENATE 34th PA

Full Name (Last, First, Middle Initial)

B. Friends of Rob Teplitz

Mailing Address PO Box 60007

City Harrisburg State PA Zip Code 17106

Purpose of Disbursement
Rob Teplitz, STATE SENATE 15th PA

011

Category/
Type

Candidate Name
Teplitz, Rob, , PA Sen.,

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C []

Transaction ID : 39998742

Amount of Each Disbursement this Period

[] 500.00

Memo Item Rob Teplitz, STATE SENATE 15th PA

Full Name (Last, First, Middle Initial)

C. JAY COSTA FOR STATE SENATE

Mailing Address 314 NEWPORT ROAD

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Jay Costa, STATE SENATE 43rd PA

011

Category/
Type

Candidate Name
Costa, Jay, , Senator, Jr.

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

C []

Transaction ID : 39998745

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Jay Costa, STATE SENATE 43rd PA

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

[] 2500.00

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 type="checkbox"/> 23	<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. Morgan Meyer for Texas

Mailing Address 3838 Oak Lawn, Suite 400

City Dallas State TX Zip Code 75219

Purpose of Disbursement
Morgan Meyer, STATE HOUSE 108th TX

Category/
Type

Candidate Name
Meyer, Morgan, , TX Rep.,

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

Date of Disbursement
MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

Transaction ID : 39998755
Amount of Each Disbursement this Period

 Memo Item Morgan Meyer, STATE HOUSE 108th TX

Full Name (Last, First, Middle Initial)

B. Royce West Campaign

Mailing Address 5787 South Hampton Road Suite 255

City Dallas State TX Zip Code 75232

Purpose of Disbursement
Royce West, STATE SENATE 23rd TX

Category/
Type

Candidate Name
West, Royce, , TX Sen.,

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

Date of Disbursement
MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

Transaction ID : 39998757
Amount of Each Disbursement this Period

 Memo Item Royce West, STATE SENATE 23rd TX

Full Name (Last, First, Middle Initial)

C. Texans for Chris Paddie

Mailing Address P.O. Box 8259

City Marshall State TX Zip Code 75671

Purpose of Disbursement
Chris Paddie, STATE HOUSE 9th TX

Category/
Type

Candidate Name
Paddie, Chris, , TX Rep.,

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

Date of Disbursement
MM / DD / YYYY
09 / 27 / 2016

FEC Identification Number

Transaction ID : 39998759
Amount of Each Disbursement this Period

 Memo Item Chris Paddie, STATE HOUSE 9th TX

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

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