

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 413 N. Lee Street  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. James Huber

Signature of Treasurer Electronically Filed by R. James Huber Date 01 26 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		129941.90
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	88389.26									
(c) Total Receipts (from Line 19) .....	4509.36	122582.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	92898.62	252524.36								
7. Total Disbursements (from Line 31) .....	2.00	159627.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92896.62	92896.62								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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 Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	3650.12	90669.26
(i) Itemized (use Schedule A) .....	311.48	6753.29
(ii) Unitemized .....	3961.60	97422.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	22000.00
(c) Other Political Committees (such as PACs) .....	0.00	119422.55
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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.) .....	547.76	3159.91
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 Transfer (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)) .....	4509.36	122582.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4509.36	122582.46

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	154750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	2.00	4877.74
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	2.00	159627.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2.00	159627.74

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	3961.60	119422.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3961.60	119422.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<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	

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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> NACDS PAC - Money Market		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 413 N. Lee St.		<b>Transaction ID:</b> 25158056	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.11	

Full Name (Last, First, Middle Initial) <b>B.</b> NACDS PAC - Dreyfus Gov't Cash Mgmt.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 413 N. Lee St.		<b>Transaction ID:</b> 25160260	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 263.09		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2661.63	

Full Name (Last, First, Middle Initial) <b>C.</b> NACDS PAC - Money Market		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 413 N. Lee St.		<b>Transaction ID:</b> 25271262	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 6.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.77	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 15</span>	
	(check only one)	
<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 Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
NACDS PAC - Dreyfus Gov't Cash Mgmt.

Mailing Address 413 N. Lee St.

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2934.14

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	6

**Transaction ID: 25271264**

Amount of Each Receipt this Period  
272.51

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">272.51</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">547.76</span>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Don Bell</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054895616187
Mailing Address 5800 Magnolia Lane		Amount of Each Receipt this Period 86.96
City Falls Church State VA Zip Code 22041	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$21.74 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 500.02	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Fitzsimmons</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054896216187
Mailing Address 8315 Fitt Court		Amount of Each Receipt this Period 220.00
City Lorton State VA Zip Code 22079	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$55.00 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 1265.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Todd Grover</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054896416187
Mailing Address 421 King Street, 3rd Floor		Amount of Each Receipt this Period 209.08
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$52.27 Bi-Weekly)
Name of Employer ChainDrugstore.net Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 1149.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	516.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ms. Rhoda Kelly</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7817 Meadowgate Drive		<b>Transaction ID: PR1054897016187</b>	
City State Zip Code Manassas VA 20112	Amount of Each Receipt this Period _____ 173.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.04	P/R Deduction (\$43.48 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Perowski</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2689 Hillsman Street		<b>Transaction ID: PR1054897316187</b>	
City State Zip Code Falls Church VA 22043	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 345.00	P/R Deduction (\$15.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy Riegler</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1808 Fallbrook Lane		<b>Transaction ID: PR1054897516187</b>	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 280.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation VP, HR & Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1610.00	P/R Deduction (\$70.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>513.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Ann Wagner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054897816187	
Mailing Address 1605 B Hunting Creek Drive		Amount of Each Receipt this Period 434.80	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$108.70 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.10	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Terrence Arth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055162916187	
Mailing Address 21141 Stonecrop Place		Amount of Each Receipt this Period 43.44	
City Ashburn	State VA	Zip Code 20147	P/R Deduction (\$10.86 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.78	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Phillip Schneider		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055163616187	
Mailing Address 18 S. Manchester Street		Amount of Each Receipt this Period 180.00	
City Arlington	State VA	Zip Code 22204	P/R Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1035.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	658.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 15
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Diane Darvey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055165016187	
Mailing Address 801 15th Street S, #202		Amount of Each Receipt this Period 92.00	
City Arlington	State VA	Zip Code 22202	P/R Deduction (\$23.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 506.00	
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Nora Stelter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055169216187	
Mailing Address 5706 Woodlawn Green Cir. Apt C		Amount of Each Receipt this Period 60.00	
City Alexandria	State VA	Zip Code 22309	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 345.00	
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Nicole Valentine		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1055172616187	
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 44.00	
City Alexandria	State VA	Zip Code 22314	P/R Deduction (\$11.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 253.00	
Name of Employer	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	196.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 15
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Stuart Gordon</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1339 Blackwalnut Court		<b>Transaction ID: PR1055173516187</b>	
City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period _____ 52.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 299.00	P/R Deduction (\$13.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Larry Lotridge</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID: PR1055173616187</b>	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 92.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 506.00	P/R Deduction (\$23.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Kevin Nicholson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID: PR1055174716187</b>	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period _____ 173.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.04	P/R Deduction (\$43.48 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>317.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 15
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Julie Khani</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID: PR1055177416187</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period _____ 104.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 598.00	P/R Deduction (\$26.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Catherine Polley</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID: PR1155613416187</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period _____ 347.84
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2000.08	P/R Deduction (\$86.96 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. John Coster</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 N. Lee Street		<b>Transaction ID: PR1159939416187</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1150.00	P/R Deduction (\$50.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>651.84</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 15
	<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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Daniel Faoro</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4228 35th Street South		<b>Transaction ID: PR1597972116187</b>	
City Arlington	State VA	Zip Code 22206	Amount of Each Receipt this Period _____ 52.16
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 299.92	P/R Deduction (\$13.04 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Paul Powell</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2215 Lakeshire Drive		<b>Transaction ID: PR1752564516187</b>	
City Alexandria	State VA	Zip Code 22308	Amount of Each Receipt this Period _____ 184.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation VP, Federal Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1058.00	P/R Deduction (\$46.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Will P. Murchison</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3705 8th Street, South		<b>Transaction ID: PR1900997616187</b>	
City Arlington	State VA	Zip Code 22204	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer National Association of Chain Drug Sto	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 345.00	P/R Deduction (\$15.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>296.16</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 15	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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 Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Edith Rosato

Mailing Address 9762 Viewcrest Drive

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer National Association of Chain Drug Sto  
Occupation SVP, Strategic Alliances & Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2875.00

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

**Transaction ID:** PR1900997716187

Amount of Each Receipt this Period  
500.00

P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3650.12