PAGE 1/6 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Association of Chain Drug Stores Political Action Committee 1776 Wilson Boulevard ADDRESS (number and street) Suite 200 (Check if address is changed) Arlington 22209 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jldavis@nacds.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00022368 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. David M. Fitzsimmons Type or Print Name of Treasurer David M. Fitzsimmons [Electronically Filed] 01 18 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

(Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FE	C Fo	rm 1 (Revised 02/2009)	Page 2	
		OMMITTEE		
Candi	idate	e Committee:		
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate	
Name o Candida				
Candida Party A		on Office Sought: House Senate President	State	
			District	
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candida				
Party	Con	nmittee:		
(d)		· · · · ·	emocratic, publican, etc.) Party.	
Politic	cal A	ction Committee (PAC):		
(e)	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization			
		Corporation Corporation w/o Capital Stock	abor Organization	
		Membership Organization X Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party	
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint F	Fund	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number C		
	3.	FEC ID number		
	4.			

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FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
National Associ	ation of Chain Drug Stores Political Action	Committee
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
National Association of	Chain Drug Stores, Inc.	
Mailing Address	1776 Wilson Boulevard	
	Suite 200 Arlington VA 22209	
	CITY STATE	ZIP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in po	ssession of committee
R. James H	Huber	
Mailing Address	413 N. Lee Street	
	Alexandria VA 22314	
Title or Position	CITY STATE	ZIP CODE
Treasurer		549 3001

Full Name David M. Fitzsimmons of Treasurer 1776 Wilson Boulevard Mailing Address Suite 200 22209 Arlington CITY STATE ZIP CODE Title or Position Treasurer 703 549 3001 Telephone number

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

FEC For i	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	David M. Fitzsimmons	
Mailing Address	1776 Wilson Boulevard	
	Suite 200	
	Arlington VA CITY STATE	22209 ZIP CODE
Title or Position Treasurer		703 - 838 - 9541
 Banks or Other safety deposit be Name of Bank, 	Depositories: List all banks or other depositories in which the committee depositories or maintains funds. Depository, etc. Suntrust Bank	s funds, holds accounts, rents
Mailing Address	P. O. Box 622227	
	Orlando FL	32862-2227
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	L	

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Form/Schedule: F1A Transaction ID:

Amending FEC Form 1 updated address, Treasurer info

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Dreyfus Goy't Cash Management 200 Park Ave. Mailing Address 8th Floor 10166 New York CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number