

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 01 24 2008 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 10 01 2008 through 10 15 2008

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 10 20 2008

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		101533.73
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	48790.09									
(c) Total Receipts (from Line 19)	1050.24	135191.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49840.33	236725.38								
7. Total Disbursements (from Line 31)	4750.00	191635.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45090.33	45090.33								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	766.44	100966.34
(i) Itemized (use Schedule A)	283.80	8853.73
(ii) Unitemized	1050.24	109820.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	23000.00
(c) Other Political Committees (such as PACs)	1050.24	132820.07
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	871.58
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))	1050.24	135191.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1050.24	135191.65

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.....	4750.00	187750.00
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.....	0.00	3885.05
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))..	4750.00	191635.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4750.00	191635.05

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	1050.24	132820.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1050.24	132820.07
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mr. Don Bell		Date of Receipt
	Mailing Address 5800 Magnolia Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Falls Church	VA	22041-1661
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1054895618511
Name of Employer National Association of Chain Drug Sto		Occupation Vice President, Legal Affairs & Genera	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 782.64	<input type="text"/> 43.48
			P/R Deduction (\$43.48 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. David Fitzsimmons		Date of Receipt
	Mailing Address 8315 Fitt Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Lorton	VA	22079-1316
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1054896218511
Name of Employer National Association of Chain Drug Sto		Occupation VP, Finance & Accounting	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Sandra K Guckian		Date of Receipt
	Mailing Address 8307 Lilac Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Alexandria	VA	22308-1923
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1054896918511
Name of Employer National Association of Chain Drug Sto		Occupation VP, Public Policy & Research	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 748.00	<input type="text"/> 44.00
			P/R Deduction (\$44.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 137.48
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: PAGE 7 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Rhoda Kelly

Mailing Address 2720 S. Arlington Mill Dr. Unite 8

City State Zip Code
Arlington VA 22204-1872

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

Name of Employer National Association of Chain Drug Sto
Occupation Vice President, Membership Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 782.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

Transaction ID: PR1054897018511

Amount of Each Receipt this Period
43.48

P/R Deduction (\$43.48 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Riegler

Mailing Address 235 Talahi Road

City State Zip Code
Vienna VA 22180-5867

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

Name of Employer National Association of Chain Drug Sto
Occupation VP, HR & Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1559.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

Transaction ID: PR1054897518511

Amount of Each Receipt this Period
87.00

P/R Deduction (\$87.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. James Whitman

Mailing Address 7982 Foxmoor Drive

City State Zip Code
Dunn Loring VA 22027-1146

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

Name of Employer National Association of Chain Drug Sto
Occupation SVP, Member Programs & Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1479.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

Transaction ID: PR1054897918511

Amount of Each Receipt this Period
87.00

P/R Deduction (\$87.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **217.48**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 13
(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"/>	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)
Mr. Phillip Schneider

Mailing Address 18 S. Manchester Street

City State Zip Code
Arlington VA 22204-1075

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

Name of Employer National Association of Chain Drug Sto
Occupation VP, External Relations/President Found

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 856.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1055163618511

Amount of Each Receipt this Period 47.83

P/R Deduction (\$47.83 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Paul T Kelly

Mailing Address 2049 Greenwich Street

City State Zip Code
Falls Church VA 22043-1612

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

Name of Employer National Association of Chain Drug Sto
Occupation VP, Federal Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 886.89

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1055164118511

Amount of Each Receipt this Period 52.17

P/R Deduction (\$52.17 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Diane Darvey

Mailing Address 515 Princess Street

City State Zip Code
Alexandria VA 22314-2332

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

Name of Employer National Association of Chain Drug Sto
Occupation Director, Legislative & Regulatory Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 618.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1055165018511

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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

A.	Full Name (Last, First, Middle Initial) Mr. Larry Lotridge		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8		
	Mailing Address 13962 Antonio Ford Ct.		Transaction ID: PR1055173618511		
	City Centreville	State VA	Zip Code 20121-3568	Amount of Each Receipt this Period 21.74	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$21.74 Bi-Weekly)		
	Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Conference Services	Aggregate Year-to-Date 391.32		

B.	Full Name (Last, First, Middle Initial) Mr. Kevin Nicholson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8		
	Mailing Address 3703 3rd Street S.		Transaction ID: PR1055174718511		
	City Arlington	State VA	Zip Code 22204-1638	Amount of Each Receipt this Period 43.48	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$43.48 Bi-Weekly)		
	Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Pharmacy Regulatory	Aggregate Year-to-Date 782.64		

C.	Full Name (Last, First, Middle Initial) Mr. Dale Masten		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8		
	Mailing Address 10234 Kenwood Road		Transaction ID: PR1055176318511		
	City Cincinnati	State OH	Zip Code 45242-4702	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
	Name of Employer National Association of Chain Drug Sto	Occupation Director, State Govt Affairs	Aggregate Year-to-Date 450.00		

SUBTOTAL of Receipts This Page (optional)	▶	90.22
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 13

(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"/> 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)
Ms. Julie Khani

Mailing Address 5619 Herberts Crossing

City State Zip Code
Burke VA 22015-2120

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

Name of Employer National Association of Chain Drug Sto
Occupation VP, Federal Health Care Programs

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 782.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1055177418511

Amount of Each Receipt this Period

44.00

P/R Deduction (\$44.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Will P. Murchison

Mailing Address 3705 8th Street, South

City State Zip Code
Arlington VA 22204-1527

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

Name of Employer National Association of Chain Drug Sto
Occupation Director, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 383.50

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1900997618511

Amount of Each Receipt this Period

24.10

P/R Deduction (\$24.10 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Christopher Krese

Mailing Address 2412 Cameron Mills Road

City State Zip Code
Alexandria VA 22302-3301

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

Name of Employer National Association of Chain Drug Sto
Occupation Vice President Marketing, Communicatio

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 571.44

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR2231851418511

Amount of Each Receipt this Period

71.43

P/R Deduction (\$71.43 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

139.53

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

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

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

FOR LINE NUMBER: PAGE 11 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Christine Kopple

Mailing Address 3714 Holmes Lane

City State Zip Code
Alexandria VA 22302-2012

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

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.41

Date of Receipt: 10 / 15 / 2008
Transaction ID: PR2257462218511
 Amount of Each Receipt this Period: 21.73
 P/R Deduction (\$21.73 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Gary J Wirth

Mailing Address 10233 Glastonbury Road

City State Zip Code
Ellicott City MD 21042-5839

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

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, State Government Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: PR2257462618511
 Amount of Each Receipt this Period: 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **46.73**

TOTAL This Period (last page this line number only) ► **766.44**

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boustany for Congress	Transaction ID: 28682905 Date of Disbursement 10 / 03 / 2008
	Mailing Address PO Box 80126	Amount of Each Disbursement this Period 1250.00
	City Lafayette State LA Zip Code 70598	
	Purpose of Disbursement Candidate Name Rep. Charles Boustany, Jr.	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McMahon For Congress	Transaction ID: 28683890 Date of Disbursement 10 / 03 / 2008
	Mailing Address 236 Massachusetts Ave., NE Suite 6	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Candidate Name Mr. Michael McMahon	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 28684428 Date of Disbursement 10 / 03 / 2008
	Mailing Address P.O. Box 868	Amount of Each Disbursement this Period 1000.00
	City Levittown State PA Zip Code 19058	
	Purpose of Disbursement Candidate Name Rep. Patrick Murphy	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3250.00
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)

PAGE 13 / 13

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

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

A.

Full Name (Last, First, Middle Initial)
Butterfield For Congress Committee

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement

Candidate Name
Rep. George Butterfield

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 28684430

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)