

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer R. James Huber

Signature of Treasurer R. James Huber [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Association of Chain Drug Stores 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="2012"/>		<input type="text" value="98616.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="98616.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20823.37"/>	<input type="text" value="20823.37"/>
(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="119440.12"/>	<input type="text" value="119440.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64387.87"/>	<input type="text" value="64387.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="55052.25"/>	<input type="text" value="55052.25"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Association of Chain Drug Stores 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).....	18213.63	18213.63
(ii) Unitemized .....	1463.16	1463.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19676.79	19676.79
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19676.79	19676.79
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).....	1133.27	1133.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	13.31	13.31
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))..... ▶	20823.37	20823.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20823.37	20823.37

**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 .....	887.87	887.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	887.87	887.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	63500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64387.87	64387.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64387.87	64387.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19676.79	19676.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19676.79	19676.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	887.87	887.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1133.27	1133.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-245.40	-245.40

**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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr. Richard A. Cognetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 E Main St  
 City State Zip Code  
 Gouverneur NY 13642-1561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kinney Drugs, Inc. Vice President of Retail Merchandising  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2012  
**Transaction ID : 34262840**  
 Amount of Each Receipt this Period  
 365.00

**B. Mr. David Neu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Morris Drive  
 City State Zip Code  
 Chesterbrook PA 19087-5559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AmerisourceBergen Corporation SVP & President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2012  
**Transaction ID : 34274384**  
 Amount of Each Receipt this Period  
 2500.00

**C. Mr. Steven H. Collis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Morris Drive  
 City State Zip Code  
 Chesterbrook PA 19087-5559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AmerisourceBergen Corporation Senior Vice President and President, A  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2012  
**Transaction ID : 34290392**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4865.00
<b>TOTAL</b> 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 25
	<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael D. Duteau RPH</b>			Date of Receipt MM / DD / YYYY 01 / 30 / 2012 <b>Transaction ID : 34329624</b>
Mailing Address 29 E Main St			Amount of Each Receipt this Period 365.00
City Gouverneur	State NY	Zip Code 13642-1401	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.00
Name of Employer Kinney Drugs, Inc.		Occupation Director of Pharmacy Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Craig C. Painter</b>			Date of Receipt MM / DD / YYYY 03 / 18 / 2012 <b>Transaction ID : 34534274</b>
Mailing Address 520 E Main St			Amount of Each Receipt this Period 5000.00
City Gouverneur	State NY	Zip Code 13642-1561	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 5000.00
Name of Employer Kinney Drugs, Inc.		Occupation Chief Executive Officer and Chairman o	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard McNulty</b>			Date of Receipt MM / DD / YYYY 03 / 21 / 2012 <b>Transaction ID : 34549537</b>
Mailing Address 520 E Main St			Amount of Each Receipt this Period 365.00
City Gouverneur	State NY	Zip Code 13642-1561	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.00
Name of Employer Kinney Drugs, Inc.		Occupation VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5730.00
<b>TOTAL</b> 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 25
	<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 Political Action Committee**

**A. Mr. David C. McClure**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 E. Main Street  
 City State Zip Code  
 Gouverneur NY 13642-1561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kinney Drugs, Inc. Vice President, Retail Operations  
 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  
 03 / 23 / 2012  
**Transaction ID : 34551411**  
 Amount of Each Receipt this Period  
 1500.00

**B. Mr. Lewis Kimball**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 E Main St  
 City State Zip Code  
 Gouverneur NY 13642-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kinney Drugs, Inc. Vice President, Asset Protection  
 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  
 03 / 26 / 2012  
**Transaction ID : 34560285**  
 Amount of Each Receipt this Period  
 365.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : 34576193**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2230.00
<b>TOTAL</b> 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 25
	<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 Political Action Committee**

**A. Ms. Bridget-ann Hart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 E Main St  
 City State Zip Code  
 Gouverneur NY 13642-1561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kinney Drugs, Inc. President and Chief Operating Officer  
 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  
 03 / 30 / 2012  
**Transaction ID : 34576195**  
 Amount of Each Receipt this Period  
 1500.00

**B. Mr. Don L. Bell II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 413 N Lee St  
 City State Zip Code  
 Alexandria VA 22314-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Chain Drug Sto Senior Vice President, Legal Affairs a  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR1054895627153**  
 Amount of Each Receipt this Period  
 576.90  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. Mrs. Sandra Kay Guckian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1417-D49  
 City State Zip Code  
 Alexandria VA 22313-1480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Association of Chain Drug Sto Vice President & Deputy Director, Stat  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR1054896927153**  
 Amount of Each Receipt this Period  
 576.90  
 P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2653.80  
**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 25
	<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 Political Action Committee**

**A. Ms. Rhoda Kelly**  
 Full Name (Last, First, Middle Initial)  
 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 National Association of Chain Drug Sto Occupation Vice President, Membership Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR1054897027153**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. Mr. James A. Whitman**  
 Full Name (Last, First, Middle Initial)  
 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 National Association of Chain Drug Sto Occupation Senior Vice President, Member Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR1054897927153**  
 Amount of Each Receipt this Period  
 461.52  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. Ms. Diane Darvey**  
 Full Name (Last, First, Middle Initial)  
 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 National Association of Chain Drug Sto Occupation Director, Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012  
**Transaction ID : PR1055165027153**  
 Amount of Each Receipt this Period  
 230.76  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	923.04
<b>TOTAL</b> 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 25
<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. Ms. Julie Khani</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR1055177427153</b>
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 236.52
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.42 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.52	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher Krese</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR2231851427153</b>
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 461.58
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation SVP, Marketing, Communications, & Medi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

Full Name (Last, First, Middle Initial) <b>C. Ms. Christine M. Kopple</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : PR2257462227153</b>
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 230.76
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, Media Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	928.86
<b>TOTAL</b> 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 25
	<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. Jennifer Anne Foley</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : PR2489082327153</b>
Mailing Address 218 7th Street NE Apt B		Amount of Each Receipt this Period 230.76
City Washington	State DC	Zip Code 20002-6075
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Director, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Jaeger</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : PR2568914427153</b>
Mailing Address PO Box 1417-D49		Amount of Each Receipt this Period 652.17
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C		P/R Deduction (\$217.39 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Sr. VP Pharm. Care & Patient Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.17	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	882.93
<b>TOTAL</b> This Period (last page this line number only).....▶	18213.63

**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 25
<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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. National Association of Chain Drug Stores</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2012 <b>Transaction ID : 34290002</b>
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 453.35
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 453.35	
		Dec.11 Bank Fees Reimbursement

Full Name (Last, First, Middle Initial) <b>B. National Association of Chain Drug Stores</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2012 <b>Transaction ID : 34372649</b>
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 579.16
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1032.51	
		Jan.12 Bank Fees Reimbursement

Full Name (Last, First, Middle Initial) <b>C. National Association of Chain Drug Stores</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2012 <b>Transaction ID : 34506803</b>
Mailing Address 413 N. Lee Street		Amount of Each Receipt this Period 100.76
City Alexandria	State VA	Zip Code 22313-1480
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1133.27	
		Feb.12 Bank Fees Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1133.27
<b>TOTAL</b> This Period (last page this line number only).....▶	1133.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores 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  
01/31/12 Bank Merchant/CC fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

**Transaction ID : 34371906**

Amount of Each Disbursement this Period

561.16

01/31/12 Bank Merchant/CC fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
01/31/12 Analysis/Ck. Imaging Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

**Transaction ID : 34371973**

Amount of Each Disbursement this Period

18.00

01/31/12 Analysis/Ck. Imaging Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
02/29/12 Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

**Transaction ID : 34493749**

Amount of Each Disbursement this Period

82.76

02/29/12 Merchant Fees

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

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

661.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores 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  
02/29/12 Analysis/Ck.Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 34493750**

Amount of Each Disbursement this Period

02/29/12 Analysis/Ck.Imaging Fees

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
03/31/2012 Analysis/Ck. Imaging Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 34576744**

Amount of Each Disbursement this Period

03/31/2012 Analysis/Ck. Imaging Fees

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address 1445 New York Ave, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
03/31/2012 Bank Merchant / CC Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 34576745**

Amount of Each Disbursement this Period

03/31/2012 Bank Merchant / CC Fees

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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**

Full Name (Last, First, Middle Initial)

**A. Richardson For Congress**

Mailing Address 110 Pine Ave., #1010

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
Void - Richardson For Congress

011

Candidate Name

**Rep. Laura Richardson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 37

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2012

**Transaction ID : 34379233**

Amount of Each Disbursement this Period

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

Void - Richardson For Congress

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Void - Cathy McMorris Rodgers For Congress

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2012

**Transaction ID : 34379235**

Amount of Each Disbursement this Period

-2500.00
----------

Void - Cathy McMorris Rodgers For Congress

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Candidate Name

**Rep. Vern Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2012

**Transaction ID : 34406224**

Amount of Each Disbursement this Period

1000.00
---------

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

-2500.00
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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 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**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol St, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2012

**Transaction ID : 34406225**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Rosa DeLauro**

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Candidate Name

**Rep. Rosa L. DeLauro**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2012

**Transaction ID : 34406230**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**Democratic Senatorial Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2012

**Transaction ID : 34406231**

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

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

**Transaction ID : 34406232**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Walter Jones Committee**

Mailing Address PO Box 3962

City Greenville State NC Zip Code 27836

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Walter B. Jones Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 03

Date of Disbursement

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

**Transaction ID : 34406233**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Klobuchar For Minnesota 2012**

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Amy Klobuchar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

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

**Transaction ID : 34406234**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	0	0	0	.	0	0
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5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores 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

**Rep. Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

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

**Transaction ID : 34406237**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. The National Republican Congressional Committee**

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**The National Republican Congressional Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 34406240**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 2nd St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**National Republican Senatorial Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 34406241**

Amount of Each Disbursement this Period

5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---

5	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael D. Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

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

**Transaction ID : 34406243**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Montanans For Tester**

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Jon Tester**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

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

**Transaction ID : 34406244**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Citizens For Altmire**

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jason Altmire**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

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

**Transaction ID : 34549040**

Amount of Each Disbursement this Period

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

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

4	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Roy Blunt**

Mailing Address PO Box 410444

City Kansas City State MO Zip Code 64141

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Roy Blunt**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2012

**Transaction ID : 34549042**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Eric I. Cantor**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2012

**Transaction ID : 34549044**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Robert Casey**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2012

**Transaction ID : 34549046**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ben Cardin For Congress**

Mailing Address PO Box 21093

City State Zip Code  
Catonsville MD 21228

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Benjamin L. Cardin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2012

**Transaction ID : 34549047**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy For Congress**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bill Cassidy MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2012

**Transaction ID : 34549048**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens For Cochran**

Mailing Address PO Box 7183

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Thad Cochran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2012

**Transaction ID : 34549049**

Amount of Each Disbursement this Period

2000.00
---------

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

7000.00
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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 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**

Full Name (Last, First, Middle Initial)

**A. Citizens For Cochran**

Mailing Address PO Box 7183

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Thad Cochran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2012

**Transaction ID : 34549051**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. Dewhurst For Texas**

Mailing Address 1210 San Antonio Street Suite 700

City State Zip Code  
Austin TX 78701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. David Dewhurst**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2012

**Transaction ID : 34549052**

Amount of Each Disbursement this Period

1,000.00
----------

Full Name (Last, First, Middle Initial)

**C. NEW DEMOCRAT COALITION PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
Washington DC 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**NEW DEMOCRAT COALITION PAC**

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
03	/	20	/	2012

**Transaction ID : 34549053**

Amount of Each Disbursement this Period

5,000.00
----------

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

11000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

**Transaction ID : 34549054**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jan D. Schakowsky**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

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

**Transaction ID : 34549055**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Tuesday Group**

Mailing Address P. O. BOX 11586

City State Zip Code  
Washington DC 20008

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Tuesday Group**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 34549056**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Chain Drug Stores Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Welch For Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

Category/  
Type

Candidate Name

**Rep. Peter Welch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

/  /

**Transaction ID : 34549058**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

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

/  /

Amount of Each Disbursement this Period

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

/  /

Amount of Each Disbursement this Period

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

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